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Socioeconomic Characteristics of Medical Practice

Edited by
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with the assistance of Don Pieniazek

Center for Health Policy Research

The information contained in this volume is from the AMA Socioeconomic Monitoring System. The AMA Center for Health Policy Research directs the Socioeconomic Monitoring System in cooperation with the AMA Division of Survey and Data Resources.

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FOREWORD

Increases in physician supply and changes in the health care delivery system, coupled with various efforts to control growth in health care costs, have resulted in a rapidly changing medical practice environment. The ability of physicians, policymakers and the public to make well-informed decisions in response to these changes requires the availability of detailed and timely information on socioeconomic aspects of medicine. This third annual edition of Socioeconomic Characteristics of Medical Practice (or the "Gray Book") is meant to meet, in part, this need.

A summary report that highlights the significant changes and emerging trends in medical practice in 1984 is provided at the beginning of this volume. This is followed by a detailed overview of the AMA's Socioeconomic Monitoring System (SMS) prepared by Mary Lou S. White. Reprints of recent issues of SMS Reports, a series highlighting subjects of current policy interest, are also included. The main body of the Gray Book is devoted to providing detailed tabulations of trends and variations in a range of characteristics of physician's practices, including aspects of practice activities, fees, income and expenses.

A program of the magnitude of SMS has required a major commitment from many individuals. Although I am grateful to all who have contributed to various aspects of SMS, it is impossible to mention each individually. However, I would particularly like to thank Jack L. Werner, Ph.D., Assistant Director of the Center for Health Policy Research, who has had major responsibility for oversight of this project, and Norbert W. Budde, Ph.D., Director of the Division of Survey and Data Resources, whose division has cooperated with the Center for Health Policy Research in many of the activities relating to SMS.

Lynn E. Jensen, Ph.D.
Director
Center for Health Policy Research

INTRODUCTION

Socioeconomic Characteristics of Medical Practice (the Gray Book) is designed as an annual reference volume on data collected by the AMA Socioeconomic Monitoring System (SMS). The Gray Book maintains the tradition of the AMA, established in past by Profile of Medical Practice series, as a primary source of baseline data on socioeconomic aspects of medicine.

This volume is primarily devoted to providing detailed information on medical practice characteristics in 1984 based on data collected by SMS surveys. In addition, trends are shown for characteristics for which similar data was collected in the past by AMA Periodic Survey of Physicians (PSPs). In order to maintain continuity with the past, every effort has been made to ensure that data reported in the Gray Book from the PSPs is consistent with information in the Profile of Medical Practice 1981.

We caution users of the trend data to carefully note differences between the methodology used in collecting data in the PSPs and SMS, since these differences may indicate apparent rather than real changes in characteristics over time. Differences in the methodology of SMS from the PSPs are discussed by Mary Lou S. White in her article on the "Design and Methodology of the AMA Socioeconomic Monitoring System". There are also some modifications in the computation procedures used for certain characteristics from those employed in earlier editions of the Gray Book. These are indicated with footnotes and detailed in the appendices. First, the mean 1984 physician fees will be reported by simple average of responses instead of weighted average with the weight for each physician given by the frequency with which the physician performs the procedure. Second, the standard errors of certain variables will no longer be adjusted by a correlation factor for responses from those physicians, if any, who have been interviewed in two consecutive surveys. More details can be found in the appendices.

We have benefited from the guidance and assistance of many individuals in the planning and preparation of this edition of the Gray Book. We are particularly grateful to Lynn E. Jensen and Jack L. Werner, Director and Assistant Director, respectively, of the Center for Health Policy Research, who provided comments and advice at all stages of the development of this volume.

Roger A. Reynolds
Daniel J. Duann

August, 1985

RECENT CHANGES IN MEDICAL PRACTICE CHARACTERISTICS

by Daniel J. Duann and Sara L. Thran*

In 1984, unprecedented attention was focused on health care issues as several developments contributed to changing the socioeconomic environment of medical practice. These developments included the following:

- The frequency of medical malpractice claims and the amount of awards climbed to record levels.
- Health maintenance organizations (HMOs) and other emerging delivery systems attracted many patients who had previously received care through traditional fee-for-service physicians.
- The nation's hospitals completed their first year under Medicare's Diagnostic-Related Group (DRG) prospective payment system.
- The federal government extended efforts to control the cost of its health care programs by imposing a freeze on fees for physicians' services covered by Medicare and introducing a new Medicare "participating physician" program.
- The nation's supply of physicians continued to grow rapidly causing intensified competition among physicians.

In addition to these developments, the AMA called for physicians to voluntarily freeze their fees for one year to help control the rise of health care costs. Sixty-three percent of the nation's physicians complied with this request despite a 7.8% increase in professional expenses from 1983 to 1984. The AMA voluntary fee freeze resulted in an estimated savings of 4.1% -- or $3.1 billion -- in expenditures on physicians' services during the full year of the program.

These developments resulted in a highly competitive medical practice environment and provided strong incentives for new cost-containment and marketing initiatives on the part of physicians. The effects of these developments are reflected in the changes observed in socioeconomic indicators of medical practice in 1984. Although professional expenses and fees continued to increase at rates exceeding that of inflation, their rates of increase were lower than in the recent past. The downward trend in the utilization of hospital and physicians' services continued. As a result of this pattern of changes in fees, practice expenses and utilization, the nation's physicians had only a slight increase in their nominal net income (after expenses, but before taxes) in 1984. When the rate of inflation is considered, the result was a decline in the purchasing power of the average physician. The decline in physicians' real incomes clearly demonstrates the impact of the competitive environment.

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In the following sections, significant changes and variations in socioeconomic characteristics of medical practice during 1984 are summarized. Further detail on the levels and trends of these characteristics are contained in the Detailed Tabulations later in this volume.

WORK PATTERNS

The amount of time spent by physicians in professional activities showed almost no change from 1983 to 1984. The influence of declining patient demand per physician was apparently offset by increases in the time spent with each patient and possibly the effect of a changing mix of services in producing this result.

The relative constancy of time spent in professional activities is reflected in several measures indicated in Table 1. The average number of weeks practiced per year has been a relatively stable characteristic of physicians' practices for a decade. Average weeks practiced in 1984 was 47.0, an increase of 0.4% from 1983. Weeks practiced did not differ significantly by physician specialty, location, type of practice, employment status or age. A second measure of professional work time, total hours per week in professional activities also increased by only 0.4% to 56.8 hours in 1984. Psychiatrists reported the fewest average total hours in professional activities per week (51.1) among the specialties in 1984, while internists had the largest average number of hours (59.5). There was also a significant difference in hours by employment status. Self-employed physicians, i.e., physicians who had an ownership stake in their main medical practice averaged 58.0 hours per week in professional activities compared to 53.2 hours per week among employee physicians. A third measure of work time, hours in direct patient care activities, was unchanged at 47.5 hours per week from 1983 to 1984.

Table 1

AVERAGE PHYSICIAN WORK PATTERNS,
1983 AND 1984

	1983	1984	Percent Change
Weeks of Practice	46.8	47.0	0.4%
Total Professional Hours per Week	56.6	56.8	0.4
Hours in Direct Patient Care Activities per Week[1,2]	47.5	47.5	0.0
Office Hours per Week[1]	26.0	25.0	-3.8
Hours on Hospital Rounds per Week[1]	9.5	8.4	-11.6
Hours in Surgery per Week[1]	6.0	5.8	-3.3

[1]Excludes radiologists, psychiatrists, anesthesiologists and pathologists.
[2]Includes hours in direct patient care activities not listed separately.

In contrast to the stability of total time spent in professional activities, there has been some reallocation of time across activities. The impact of the implementation of DRGs and the growing role of alternative health care delivery systems is clearly reflected in this shift. In particular, the average number of hours on hospital rounds per week in 1984 was 8.4, down 11.6% from 1983. All major specialties experienced declines in hours on hospital rounds, with the rate of decline ranging from 4.6% for obstetricians/gynecologists to 15.5% for general and family practitioners. For all physicians, office hours and hours performing inpatient surgery were also down by 3.8% and 3.3% respectively. In contrast to the decline in time spent in the office and with hospital inpatients, time spent seeing patients in hospital outpatient departments, emergency rooms and other settings increased. This increase was sufficient to cause the total amount of time in direct patient care activities to remain constant.

PATIENT VISITS AND HOSPITAL UTILIZATION

The declines in patient visits, hospital discharges and lengths of hospital stays were probably the most notable trends in medical practice in 1984. Changes in these utilization indicators from 1983 to 1984 are shown in Table 2. The increasing physician-population ratio and the new Medicare DRG hospital payment system were major factors contributing to reduced utilization levels.

The average number of total patient visits declined 4.5% for all physicians in 1984. This decrease of patient visits was manifest in every specialty, census division, type of practice, location, employment status, and physician age group. Among the specialties, obstetricians/gynecologists experienced the sharpest decline (7.9%) in total patient visits, while surgeons had the smallest decline (1.2%). Physicians in non-solo practice had a higher level of total visits than solo practitioners, but they also had a greater rate of decrease (5.0%) from 1983 to 1984. Self-

Table 2

AVERAGE PHYSICIAN UTILIZATION PATTERNS,
1983 and 1984

	1983	1984	Percent Change
Total Patient Visits per Week[1]	125.0	119.4	-4.5%
Patients Discharged from the Hospital per Week[2]	4.9	4.7	-4.1
Length of Stay of Hospitalized Patients[2]	6.3	5.8	-7.9

[1]Excludes radiologists, psychiatrists, anesthesiologists and pathologists.
[2]Excludes radiologists, anesthesiologists and pathologists.

employed physicians had more patient visits per week (124.9) and a smaller decrease in the number of patient visits (3.9%) than employee physicians in 1984. The total number of patient visits is determined, in large degree, by the fees charged and marketing efforts of physicians. The greater control of self-employed physicians over fees charged and marketing initiatives may explain their smaller decline in total patient visits. In other words, self-employed physicians probably had greater flexibility to adopt appropriate responses to the changing medical practice environment.

The average number of patients discharged from the hospital decreased 4.0% during 1984. All specialties had sharp declines, ranging from 3.2% for surgeons to 10.9% for general practitioner and family practitioners. All census divisions also experienced decreases in the average number of patients discharged with the exception of the Mountain census division. Employee physicians experienced no decrease in the number of patient discharges while the self-employed physicians had a decrease of 3.8%.

The average number of days for hospital stays in 1984 decreased sharply from the 1983 level. This decline in length of hospital stays (7.9%) was greater than the declines in other utilization indicators. One interesting exception is the average length of hospital stay for the patients of pediatricians, a group largely unaffected by the new Medicare DRG system. For this group, hospital stays increased from 4.2 days to 4.5 days. This probably cannot be viewed as a trend indication. Among other specialties, internists had the longest average hospital stays (6.8 days) and obstetricians/gynecologists had the shortest average stays. Internists also had the steepest decline in days for hospital stays while the general practitioners and family practitioners experienced almost no change in the days of hospital stay.

Patients of employee physicians had longer hospital stays than patients of self-employed physicians (8.8 days vs. 5.8 days). The results on the average number of patients discharged and the lengths of hospital stays together indicate that employee physicians had a higher hospital utilization rate than self-employed physicians. This may be due to the fact that the employee physicians' financial interests are more closely aligned with their employers. These employers include hospitals and other health care providers. At the same time, the self-employed physicians were less affected by hospitals' desires for higher utilization of hospital facilities. It should be noted that the emphasis on achieving higher utilization does not contradict the conjecture that hospitals were more vigorous in cost-reduction efforts. Although hospitals may be reducing the amount of resources used in treating patients, they may still want to maintain high utilization rates to generate revenue and cover overhead costs.

FEES

Despite the AMA request that physicians voluntarily freeze their fees and the Medicare fee freeze, physician fees increased at a rate exceeding general inflation during 1984. The fee freeze efforts, however, dampened the rate of increase below levels that would have occurred in their absence. Furthermore, much of the increase in fees from 1983 to 1984

resulted from increases put into effect early in 1984 prior to the fee freeze efforts. Cost pressures are likely to have been the major factor leading many physicians to increase their fees.

Changes in fees for three common types of patient visits are shown in Table 3. The average fee for office visits with established patients was $26.09 in 1984. This represents an increase of 5.5% over the 1983 level. Among the specialty groups, obstetricians/gynecologists charged the highest fee ($31.16), while the general and family practitioners had the lowest fee ($20.71). The sharpest increase in fees for office visits with established patients in 1983 to 1984 was among internists (13.3%). Physicians in solo practice had a slightly lower fee than non-solo physicians, but the fee increase was not significantly different between the solo and non-solo physicians. Physicians in the metropolitan areas with populations over one million continued to charge much higher fees than the physicians in the nonmetropolitan areas.

Office visits for new patients increased at a less rapid pace to $47.21 in 1984 than those for established patients. The rates of increase among different specialties followed the same pattern as increases in fees for established patients. An apparent reason for the less rapid increase in fees for new patients is competitive pressures from various health care delivery organizations. The price consideration is likely to be a more significant element in attracting new patients than in maintaining the established patients.

The rate of increase for the average fee for a follow-up hospital visit (3.6%) was only about sixty percent of the increase in the average fee for an established patient office visit. The average fees for a follow-up hospital visit charged by all physicians was $29.00 in 1984. Among the specialties, surgeons had the highest increase of 7.1% while the obstetricians/gynecologists actually experienced a modest decline (5.1%). The smaller increase in average fees for follow-up hospital visits is consistent with the view that hospital-related activities underwent close scrutiny under various cost-containment efforts.

Table 3

AVERAGE FEES FOR OFFICE AND HOSPITAL VISITS,
1983 and 1984[1]

	1983	1984	Percent Change
Office Visit -- Established Patient	$24.74	$26.09	5.5%
Office Visit -- New Patient	45.83	47.21	3.0
Follow-Up Hospital Visit	28.00	29.00	3.6

[1]Based on information from physicians in all specialties except radiology, psychiatry, anesthesiology and pathology.

PROFESSIONAL EXPENSES

As discussed earlier, several developments in 1984 provided strong incentives for physicians to contain their practice expenses. These efforts produced produced mixed results. Average total professional expenses of self-employed physicians increased by 7.8% from $85,900 in 1983 to $92,600 in 1984 (see Table 4). This rate of increase was less than the rate of increase (9.6%) experienced in 1983; however, the rate of 7.8% increase still exceeded that of inflation by 3.8 percentage points.

Of the specialties examined, surgeons continued to have the highest level of expenses in 1984, averaging $131,200; pediatricians had the lowest expenses at $78,200. However, pediatricians experienced the sharpest increase in total expenses from 1983 to 1984 (17.4%). A comparison of total professional expenses in the various census divisions indicated there were significant differences in the rate of increase in professional expenses. They ranged from a decline of 10.6% in New England to an increase of 20.8% in the Mountain states. The amounts of total professional expenses also showed great variations. The West South Central states had the highest level at $116,300, while the New England states had the smallest total professional expenses at $65,100. It is difficult to pinpoint the exact sources for these variations.

Table 4

AVERAGE TOTAL PROFESSIONAL EXPENSES OF SELF-EMPLOYED PHYSICIANS, 1983 and 1984

	1983	1984	Percent Change
All Physicians[1]	$85,900	92,600	7.8%
Specialty			
General/Family Practice	80,500	89,000	10.6
Internal Medicine	87,500	89,500	2.3
Surgery	113,300	131,200	15.8
Pediatrics	66,600	78,200	17.4
Obstetrics/Gynecology	108,000	119,400	10.6
Census Division			
New England	72,800	65,100	-10.6
Middle Atlantic	68,700	82,500	20.1
East North Central	86,800	83,000	-4.4
West North Central	87,100	99,700	14.5
South Atlantic	90,400	98,100	8.5
East South Central	89,200	99,800	11.8
West South Central	107,400	116,300	8.3
Mountain	70,800	85,500	20.8
Pacific	89,700	98,100	9.4

[1]Includes physicians in specialties not listed separately.

Physicians in solo practice had a lower average level of professional expenses ($84,600) than physicians in non-solo practices ($105,200) in 1984, but experienced a larger percentage increase in expenses between 1983 and 1984 (8.7% for solo vs. 6.5% for non-solo).

A comparison of professional expenses in metropolitan and nonmetropolitan areas indicates that the most rapid increase (14.1%) in practice expenses occurred in the metropolitan areas with populations greater than one million. Physicians practicing in metropolitan areas with populations less than one million continued to have the highest average level of professional expenses ($96,600). In contrast, physicians in nonmetropolitan areas had the lowest level of expenses in 1984 ($84,900) and experienced a decrease in expenses between 1983 and 1984 (-3.5%).

As shown in Table 5, the major contributing factors to the increase in total expenses were professional liability insurance premiums, office expenses, and medical supply costs. The percentage increases for these items during 1984 were 18.3%, 14.3%, and 14.1%, respectively, far exceeding the rate of increase for total expenses. These are the same factors that contributed most to the 9.6% increase in total expenses between 1982 and 1983. Although nonphysician personnel expenses were still the largest single expense component in 1984, averaging $30,600, the level of personnel expenses only increased 4.8% from a year earlier. This small increase followed a decline of 3.9% from 1982 to 1983. The small changes in payroll expenses are consistent with the fact that personnel costs are more readily controlled than other expense items.

ANNUAL NET INCOME

In 1984, the average net income (after expenses, but before taxes) of the physicians was $108,400. This figure includes contributions made into pension, profit-sharing, and deferred compensation plans. Furthermore, this figure only represents the average income for active nonfederal patient care physicians, excluding residents. The level of income in 1984

Table 5

AVERAGE EXPENSES FOR SELECTED ITEMS AMONG SELF-EMPLOYED PHYSICIANS, 1983 and 1984

	1983	1984	Percent Change
Non-Physician Payroll	$29,200	$30,600	4.8%
Office Expenses	21,000	24,000	14.3
Medical Supplies	9,200	10,500	14.1
Professional Liability Insurance	7,100	8,400	18.3
Medical Equipment	5,100	5,500	7.8

reflected an increase of 2.0% over 1983. This is considerably lower than the 6.8% growth rate observed from 1982 to 1983. Furthermore, physicians' incomes increased less than the rate of inflation in 1984. Thus, the purchasing power or "real earnings" of physicians actually declined in 1984. As the previous discussion has indicated, the declining utilization of hospital and physician services and the rapid increase of professional expenses had offset the effects of fee increases on physicians' incomes in 1984. Clearly, these findings strongly indicate the impact that the changing medical marketplace is having in limiting the growth of physicians' earnings.

Physicians in different specialties and regions were not uniformly affected by the changing medical practice environment. This is reflected in variations in the levels and percentage changes in physicians' net incomes by specialty and location. Among the specialty groups, surgeons had the highest average net income ($151,800), while general and family practitioners had the lowest average net income ($71,100) in 1984. Internists experienced the highest growth rate in net income (10.6%) over the previous year. In contrast, the average net income of radiologists declined by 5.5% in 1984. Physicians in the East South Central census division had the highest average net income ($122,200), while physicians in New England had the lowest average net income ($87,300). Physicians in the Mountain census division experienced the highest growth rate in net income (11.9%). On the other hand, average net income of physicians in the East North Central and West South Central divisions declined by 4.3% (see Table 6).

It is also useful to examine the income figures by other physician characteristics. Physicians in solo practice had a higher growth in earnings (3.8%) than physicians in non-solo practices (0.5%), but they had a lower average net income. Although average net income remained higher for self-employed physicians ($118,600) than for employee physicians ($80,400) in 1984, earnings grew more slowly for self-employed physicians (2.3%) than for employee physicians (3.6%). Since 1982, self-employed physicians have had average net incomes approximately 50% higher than employee physicians. The significant income difference between the self-employed and employee physicians is not unexpected. Generally, a self-employed physician is like an entrepreneur assuming a direct responsibility and risk in his medical practice. Thus the reward for such risk-taking practice tends to be higher. Another explanation that can be provided is that the self-employed physicians are less restricted in their efforts to compete with other medical care providers. They have more flexibility in adjusting their fee structures, professional expense items, and new marketing initiatives.

CONCLUSION

In summary, the growth of physicians' incomes was dramatically slowed in 1984. This is the direct result of increasing competition among the medical care providers and society's resistance to rising health care costs. Without doubt, physicians' future income will be determined mostly by the physicians' response to this changing environment. It can be expected that physicians' incomes will be increasing in a much slower

Table 6

AVERAGE PHYSICIAN NET INCOME AFTER EXPENSES BEFORE TAXES,
1983 and 1984

	1983	1984	Percent Change
All Physicians	$106,300	$108,400	2.0%
Specialty			
General/Family Practice	68,500	71,100	3.8
Internal Medicine	93,300	103,200	10.6
Surgery	145,500	151,800	4.3
Pediatrics	70,700	74,500	5.4
Obstetrics/Gynecology	119,900	116,200	-3.1
Radiology	148,000	139,800	-5.5
Psychiatry	80,000	85,500	6.9
Anesthesiology	144,700	145,400	4.8
Census Division			
New England	84,500	87,300	3.3
Middle Atlantic	98,600	98,400	-0.2
East North Central	114,300	109,400	-4.3
West North Central	110,500	110,700	0.2
South Atlantic	106,700	114,500	7.3
East South Central	114,900	122,200	6.4
West South Central	124,400	119,100	-4.3
Mountain	91,400	102,300	11.9
Pacific	103,100	109,400	6.1

pace than that experienced in the previous decade. At the same time, physicians will have to involve themselves in vigorous cost control and marketing efforts to remain competitive in providing medical care. The observed changes in socioeconomic indicators in 1984 are very likely to continue in the near future as new incentives, organizations and payment mechanisms expand in their influence.

THE DESIGN AND METHODOLOGY OF THE AMA SOCIOECONOMIC MONITORING SYSTEM

Mary Lou S. White*

The Socioeconomic Monitoring System (SMS) was developed in 1981 in response to the need of physicians and policymakers for more timely and frequent socioeconomic information on the practice of medicine than has been available in the past. This program represents an outgrowth of over 15 years of AMA experience in monitoring socioeconomic aspects of medical practice. Its predecessor, the Periodic Survey of Physicians (PSP) collected similar information on an annual basis. The fourth full program year for SMS will be completed in 1985.

SMS is designed to provide periodic information on a range of characteristics of medical practice, such as a physicians' earnings, expenses, work patterns and fees. In addition, a portion of each SMS survey is devoted to collecting information regarding current issues relating to the practice of medicine.

The purpose of this paper is to provide a description of the current SMS program design. The first section provides an overview of program characteristics. This is followed by discussions of the SMS survey sample design, questionnaire content, field procedures and aspects of reporting SMS results.

OVERVIEW OF SMS PROGRAM CHARACTERISTICS

The four SMS surveys conducted each year include an annual core survey and three supplemental quarterly surveys. The annual and quarterly surveys differ in the range of information collected, sample size and the level of detail for which results are reported. The purpose of the annual core survey is to provide current data on a full range of economic and practice characteristics each year. The quarterly surveys focus on a more limited range of characteristics -- those for which changes occur rapidly and those for which information is needed on a more frequent basis. The quarterly surveys are also used to obtain information on topics of current policy concern. The average core survey interview lasts 25 minutes, while quarterly surveys average 16 minutes in length.

The annual core survey obtains data from approximately 4,000 physicians, while the quarterly surveys obtain data from approximately 1,200 physicians each. The sample size is the primary determinant of the level of disaggregation at which results can be reliably reported. Results are disaggregated into a larger number of specialties and geographical areas for the core survey than for the quarterly surveys.

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The 1985 core survey was fielded from March through July. The timing of the beginning of the core survey is designed to coincide with the income tax return filing deadline in order to improve the reliability of information that can be obtained on physician earnings and practice expenses for the previous year. The four surveys conducted during 1984 began in January, March (core survey), July and October. The field periods for the core and supplemental quarterly surveys were respectively fifteen and six weeks.

SAMPLE DESIGN

The SMS surveys are designed to provide representative information on the population of all non-federal physicians who spend the greatest proportion of their time in patient care activities. This includes both office and hospital-based physicians, but excludes residents. Samples for SMS surveys are selected from the AMA Physician Masterfile. The Masterfile contains current and historical information on every Doctor of Medicine in the United States, including both members and nonmembers of the AMA. Graduates of U.S. medical schools who are temporarily practicing overseas, and graduates of foreign medical schools who live in the U.S. are also included on the file.

Data included on the Masterfile are obtained from primary sources including many organizations and institutions. The only information obtained directly from individual physicians concerns current professional activities and preferred mailing addresses. These data are obtained on a quadrennial basis from the entire U.S. physician population and on a monthly basis from those physicians with changes in address or professional status. These changes may be signaled by input from professional organizations, AMA mailings, or by physician correspondence.

In addition to limiting the sample to non-federal patient care physicians who have completed their residency programs, the following exclusions are made:

- Doctors of Osteopathy;
- graduates of foreign medical schools who are only temporarily licensed to practice in the United States;
- physicians for whom no current address is available, and
- physicians who were sampled for the Periodic Survey of Physicians (the SMS predecessor which was conducted by mail) or for SMS during the last three years.

Further exclusions are made after sample selection. These include:

- physicians who spend fewer than 20 hours per week in patient care activities or are federal physicians as determined from screening questions at the beginning of each interview, and

- those who cannot be located by mail or telephone after exhaustive tracking efforts are made.

The sample design utilized for SMS is a stratified, random sample with systematic selection from the listing of eligible physicians on the AMA Physician Masterfile. The strata are defined by nine major specialty groupings and ten geographical regions of approximately equal size. Systematic selection within each stratum assures that each specialty group and region is proportionally represented in the sample. The strata definitions are shown in Table 1. Stratification is used in SMS to increase the precision of certain sample estimates and to facilitate the analysis of individual stratum. Once the sample is selected, the representativeness of each stratum is reviewed to ensure that it is consistent with the stratum's population proportion.

In order to provide reliable estimates of short-term changes in certain indicators, SMS samples are designed to include a panel component. The panel consists of a portion of the sample from one SMS survey which is reinterviewed in a subsequent SMS survey. Approximately 40 percent of the completed interviews are typically conducted as reinterviews with physicians who had been initially interviewed in the same quarter of the previous year. The SMS program uses annual reinterviews of this type in order to monitor annual changes in various characteristics. Prior to 1984, much experimentation was done with the reinterview interval to optimize its usefulness. The decision to annually reinterview a portion of the sample was made because reports of annual changes provide more useful data than quarterly changes.

QUESTIONNAIRE CONTENT

The SMS questionnaire consists of three distinct sections:

- screening questions to verify the physician's specialty and eligibility for the survey;
- a main questionnaire to collect information on practice, characteristics, hours worked, volume of services, fees for selected procedures, income and expenses; and
- special topics questions to provide information on emerging socioeconomic issues.

The screening and main questionnaire portions of the survey remain unchanged every quarter to provide the basis for estimating levels and changes in economic characteristics of medical practice. However, the core survey includes an expanded main questionnaire portion to provide additional information on practice characteristics and final information on annual income and expenses for the previous year. The information requested in this expanded portion remains constant from one core survey to the next.

Table 1

SMS SURVEY SAMPLE STRATA

SPECIALTY STRATA*

1. General Practice, Family Practice
2. Allergy, Cardiovascular Diseases, Gastroenterology, Internal Medicine, Pulmonary Diseases
3. General Surgery, Neurosurgery, Ophthalmology, Orthopedic Surgery, Plastic Surgery, Colon and Rectal Surgery, Thoracic Surgery, Urology
4. Pediatrics, Pediatric Allergy, Pediatric Cardiology
5. Obstetrics and Gynecology
6. Radiology, Diagnostic Radiology, Therapeutic Radiology
7. Psychiatry, Child Psychiatry
8. Anesthesiology
9. Aerospace Medicine, Neurology, Occupational Medicine, Physical Medicine and Rehabilitation, General Preventive Medicine, Public Health, Dermatology, Pathology, Forensic Pathology, Other Specialty, Unspecified

STATE STRATA

1. Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2. New York
3. Delaware, New Jersey, Pennsylvania, West Virginia
4. District of Columbia, Georgia, Maryland, North Carolina, South Carolina, Virginia
5. Alabama, Florida, Kentucky, Mississippi, Tennessee
6. Arkansas, Louisiana, Missouri, Oklahoma, Texas
7. Indiana, Michigan, Ohio
8. Illinois, Iowa, Minnesota, Wisconsin
9. Alaska, Arizona, Colorado, Hawaii, Idaho, Kansas, Montana, Nevada, Nebraska, New Mexico, North Dakota, South Dakota, Oregon, Utah, Wyoming, Washington
10. California

* The AMA Physician Masterfile classification of specialties is used in the specialty strata listing.

Questions for the main questionnaire were developed from a review of past surveys and through consultation with physicians, sources within the AMA and Mathematica Policy Research, Inc., an independent consulting firm that assisted in the development of the SMS program. Efforts were made to maintain consistency of questions with those from the PSPs from which trend information has been established over a period of years. However, modifications were made where it was deemed that the desired information would be more accurate if questions were changed. In addition, questions in the SMS surveys are designed so that physicians are asked only questions that are generally relevant to their specialty. A summary of the questionnaire used in the SMS surveys upon which this volume is based is included in Appendix A.

Special topics covered in SMS surveys during the last year have included:

- Participation in the new Medicare program
- Administrative costs of medical practice
- Defensive medicine
- Hospital and ambulatory care centers
- Medical technology
- Patient characteristics
- Third-party payors

Special topics questions are formulated and reviewed by an AMA consultation committee whose members represent a broad range of activity areas. All questions that have not been previously used in SMS surveys are pretested prior to the survey fielding to evaluate the wording and ordering of questions and to determine the ability of respondents to provide the desired information.

FIELD PROCEDURES

The SMS data collection plan is designed to provide reliable information within a tight time schedule. The survey is completed primarily by telephone. Telephone administration significantly reduces the time required to produce survey results and increases the response rate. The surveys are administered by independent consulting firms contracted by the AMA. Mathematica Policy Research, Inc. of Princeton, New Jersey (MPR) conducted interviews for all surveys for the SMS program since the second quarter 1983.

Field procedures developed for SMS surveys reflect a complex effort to minimize bias from nonresponse and accommodate the busy schedule of physicians through careful advance preparation and intensive follow-up efforts to complete interviews. The activities involved in this effort are described below.

Advance Letter

Two weeks prior to data collection, advance letters are sent to each physician selected to be interviewed or reinterviewed. Each letter includes a brief description of the interview, the project sponsorship, identification of the survey contractor, information that the physician will be receiving a telephone call from an interviewer on the contractor's staff, and a pledge of data confidentiality. Each letter is printed on AMA letterhead and bears the signature of James H. Sammons, M.D., Executive Vice President of the American Medical Association. If a letter is returned due to an insufficient address, a search is initiated to obtain updated information so the physician may be sent another letter.

When the SMS program was initiated, many physicians indicated that they could not provide certain types of information during a telephone interview without advance preparation. As a result, questionnaire summaries were designed to provide the physician with a listing of the specific medical and surgical procedures for which fees will be requested as well as with a description of quarterly income and expenses. Since the 3rd quarter 1983 survey, this insert has been enclosed with each advance letter. For the core surveys, a worksheet that allows the physician to record the previous years' expenses for various items is included instead of the usual summary.

Telephone Search

Approximately two weeks prior to data collection, the survey contractor is provided names and addresses of physicians selected from the AMA Physician Masterfile. At this point, "look up" of the telephone numbers of the the sample physicians is attempted. Since inadequate coverage is a potential problem for telephone surveys, considerable effort is expended to locate sample physicians.

The basic sources used in the telephone look-up include directory assistance, state and county medical societies, state licensing boards and hospitals. If the survey contractor is unable to obtain a telephone listing for a physician from these sources, the AMA Division of Survey and Data Resources lends assistance by reverifying the physicians' data contained on the AMA Physician Masterfile, contacting state, county and specialty societies, initiating traces of physicians from former addresses appearing on the Masterfile and checking medical society directories. This ensures that the proportion of physicians in each sample stratum most accurately reflects that of the population.

Interviewer Training

Two days of study-specific training in addition to general training are provided to each interviewer before working on SMS surveys. Training includes a detailed review of each question (including instruction on pronunciation of various medical terms), practice interviews, and a review of interviewing and administrative procedures. AMA staff actively participate in the training process either in person or via teleconferencing to assure that all project specifications and instructions are clearly communicated, understood, and implemented.

During training, the contractor actively evaluates each potential interviewer for appropriate survey skills, such as reading ability, voice quality, grasp of the material and ability to develop rapport with physicians. The highest quality interviewers are then selected to work on the project.

Interview Process

Interviewing is conducted via a Computer Assisted Telephone Interviewing (CATI) process. This system produces a copy of the questionnaire on a computer screen. Responses to the questions are entered directly into the computer using this on-line system during the actual interview, eliminating any keypunching or separate data entry task. This reduces time schedules and maximizes quality by minimizing sources of error. In addition, this system has provided the ability to program range checks whereby a figure that is entered which exceeds the usual range automatically instructs CATI to prompt the interviewer to verify the response. This has helped reduce the number of invalid outlying responses.

A minimum of a 60 percent response rate is required in order to regard an SMS survey as complete. Vigorous efforts are made to achieve the cooperation of physicians and meet this standard because of the short field period of SMS surveys. These efforts include the following:

- Appointments for interviews are scheduled at the convenience of physicians at any time 13 hours a day from Monday through Saturday.
- A toll-free number allows physicians to complete the interview at their convenience.
- An optional mail questionnaire, tailored to each specialty and type of practice, is made available to physicians who indicate a preference for responding to the survey in writing rather than by telephone.
- Repeated callbacks (a minimum of four) to nonrespondents are made before abandoning efforts to interview the physician.
- Refusal conversion attempts are made by a select group of interviewers. A substantial number of physicians decide to grant an interview at this stage.

The actual response rates achieved in SMS surveys since the beginning of 1984 are shown in Table 2. The results indicate the success SMS has had in meeting its minimum 60 percent response rate standard.

Confidentiality

Data are entered via the CATI system and are released only in aggregate form without any individual respondent identifying information.

TABLE 2

Number of Completed Interviews and Response Rates in SMS Surveys, 1st Quarter 1984 through 2nd Quarter 1985

Survey	Number of Completed Interviews	Response Rate
1st Quarter 1984	1,208	65.6
2nd Quarter 1984 (Core Survey)	4,002	61.9
3rd Quarter 1984	1,206	62.4
4th Quarter 1984	1,212	65.1
1st Quarter 1985	1,213	66.1
2nd Quarter 1985 (Core Survey)	4,040	62.0

Quality Control

Each interviewer's work is monitored by the contractor's supervisory staff for both production and quality. AMA staff also monitor interviews by remote telephone hook-up to ensure that a high level of quality is maintained throughout the survey. If indicated, the contractor is instructed to retrain interviewers or remove interviewers from the SMS study.

AMA staff also track the SMS survey production. A detailed review is made of all sample dispositions, both pending and final, on a weekly basis. As a result of this evaluation, the time schedule is reviewed and necessary recommendations are made to the contractor to enable the survey to be completed during the allotted field period.

As part of the annual SMS program review, the design and methodology is examined with an eye for identifying areas for improvement. This year, the Division of Survey and Data Resources and the Center for Health Policy Research are jointly undertaking a methodological study regarding SMS. The topics being addressed include the following:

- characteristics of nonresponders;
- a comparison of telephone vs. mail responders; and
- characteristics of respondents by the level of effort needed to complete an interview.

This study will provide information upon which new directions for improving SMS quality control may be based.

REPORTING OF SMS RESULTS

Results obtained from SMS surveys are widely disseminated. In order to reach the physician community, results are published periodically in AMNews. Dissemination of information pertinent to the public is handled by the AMA Department of Public Information. Socioeconomic Characteristics of Medical Practice, or the "Gray Book", is an annual volume designed to provide more detailed results of SMS surveys than can generally be provided through other media.

Data from the SMS also serve as a basis for research on health policy issues. Analyses of such issues are disseminated through professional journals and conferences. This ensures that health policy analysts and researchers are apprised of important findings resulting from this program.

Results from SMS surveys are reported at differing levels of detail depending on the nature of the media and the degree of precision of the estimates of physician characteristics deemed appropriate for the report. A discussion of definitions and computation procedures employed in reporting SMS results is contained in Appendix B.

CONCLUSION

The Socioeconomic Monitoring System exemplifies a long-term commitment on the part of the American Medical Association to obtain valid and reliable socioeconomic information on the practice of medicine. The SMS Program complements AMA's other extensive data collection activities and its evolution represents a responsiveness to the need for the highest achievable data quality.

SMS Report

Socioeconomic Monitoring System

PHYSICIANS' FINANCIAL ARRANGEMENTS WITH HOSPITALS*

Over the past decade, physicians' financial arrangements with hospitals have been widely recognized as an important aspect of medical practice. Until recently, however, a lack of data has prevented a comprehensive understanding of these arrangements. In 1982, the Socioeconomic Monitoring System found that approximately one-fourth of all nonfederal patient care physicians, excluding residents had some financial arrangement with hospitals. That report also concluded that the three most common forms of compensation for those physicians with a financial arrangement were: salary, fee-for-service, and percentage of department revenue (net or gross). The purpose of this report is to provide further information on the financial arrangements between physicians and hospitals by examining the variation in these arrangements by physicians' sex, experience and income classification. The specific aspects of the physician-hospital arrangement that will be examined in this report include:

- the percentage of physicians with a hospital financial arrangement; and
- the type and frequency of these contracts.

In order to examine whether financial arrangements alter physicians' medical practice, this report concludes with a comparison of average net income, fees, and hospital utilization between physicians with and without a financial arrangement.

Physicians with Hospital Financial Arrangements

The 1984 data show very little change in the proportion of physicians with some form of financial arrangement with hospitals from the proportion reported in SMS Report Volume 1, Number 2. In 1984, 24.2 percent of all nonfederal patient care physicians either received a part of their practice income by direct payment or through a lease arrangement with a hospital. In general, a larger proportion of physicians receive direct payment (19.2%) from a hospital than through a lease agreement (7.3%).

This report also examines the variation in the proportion of physicians with hospital financial arrangements by sex, experience, and net income classification. A greater proportion of female physicians (30.5%) have a direct payment contract and/or lease agreement with a hospital than male physicians (23.6%). In addition, the proportion of physicians who have some sort of financial arrangement with a hospital decreases with experience. Over 29 percent of all physicians with less than 10 years experience have a direct payment contract and/or lease agreement

* Reprinted from SMS Report Volume 3, No. 6, September 1984.

Table 1

TYPE OF FINANCIAL ARRANGEMENT WITH HOSPITAL BY SEX, EXPERIENCE, AND NET INCOME[1]

	Direct Payment	Lease	Lease and/or Direct Payment*
ALL PHYSICIANS	19.2%	7.3%	24.2%
Sex			
Male	18.7	7.0	23.6
Female	24.2	10.3	30.9
Experience			
0-9	22.3	10.0	29.3
10-19	19.4	6.6	23.8
20-29	18.1	5.8	22.3
30 or more	13.4	3.8	16.2
Net Income (000's of dollars)			
0-49	19.7	8.6	26.6
50-74	22.9	6.2	26.7
75-99	25.1	9.3	30.1
100-149	20.3	8.5	26.5
150-199	15.2	6.1	20.3
200 or more	11.7	6.8	17.0

[1]Net income is defined as income after expenses but before taxes.
*The percentages reported in the first two columns do not add to the percentages reported in the third column because some physicians have both financial arrangements.

with a hospital, compared to only 16.2 percent of the physicians with more than 30 years experience.

Analyzing the data by income reveals that the proportion of physicians who have a direct payment arrangement with hospitals increases for the first three income classifications and then decreases in the remaining categories. Finally, while not reported, in Table 1, our data indicates that hospital financial arrangements with physicians are most common among physicians in the Northeast.

Types of Arrangements Physicians Make with Hospitals

Table 2 analyzes only those physicians that have a direct payment arrangement with a hospital. The two most common methods through which physicians receive direct payments from their hospitals are salary and fee-for-service contracts. Over 60 percent of all physicians with a hospital contract have a salary arrangement, while 41.1 percent report they have a fee-for-service arrangement. Information on two alternative arrangements, involving a percentage of the gross or net department billings were also collected.

Table 2

TYPE OF CONTRACT FOR PHYSICIANS WITH DIRECT PAYMENT ARRANGEMENTS WITH HOSPITALS BY SEX, EXPERIENCE AND NET INCOME[1,2]

	Salary	Fee for Service	Percent of Net Dept. Billing	Percent of Gross Dept. Billing	Other
ALL PHYSICIANS	60.4%	41.1%	7.5%	11.8%	24.2%
Sex					
Male	59.3	42.9	8.1	12.8	25.3
Female	70.3	26.7	2.7	4.1	15.1
Experience					
0-9	62.7	40.8	8.5	11.7	22.9
10-19	58.3	45.2	7.1	12.9	25.0
20-29	60.5	37.1	5.1	9.9	26.8
30 or more	56.3	39.7	9.2	13.2	24.4
Net Income (000's of dollars)					
0-49	71.8	39.3	4.8	4.8	17.9
50-74	77.7	33.6	8.1	11.8	22.2
75-99	63.7	32.1	5.9	9.7	16.9
100-149	49.6	45.6	6.7	11.0	38.2
150-199	42.0	60.8	10.0	26.0	21.6
200 or more	35.5	45.2	16.1	19.4	38.7

[1]Net income is defined as income after expenses but before taxes.
[2]The percentages reported in the table exceed 100 percent because some physicians have more than one financial arrangement.

Table 2 shows that 7.5 percent of those physicians with hospital arrangements receive income from a percentage of net department billings while 11.8 percent received income from a percentage of gross department billings.

Those physicians most likely to have a salary contract are female physicians and physicians in the three lowest income categories. Male physicians and physicians in the three highest income classifications are the physicians most likely to have fee-for-service agreements with hospitals. In addition, physicians earning more than $150,000 are the most likely to have both a net and a gross department billings arrangement.

Practice Characteristics and Financial Arrangements

Table 3 examines income, fees, and hospital utilization for both physicians with and without a hospital financial arrangement. Overall, physicians without financial arrangements earn both a larger average net income and more income from hospital inpatient services than do physicians with financial arrangements. However, physicians charge a similar fee for a hospital visit regardless of whether they have a financial arrangement with a hospital.

Table 3

A COMPARISON OF PHYSICIAN INCOME, FEES, AND HOSPITAL UTILIZATION BY HOSPITAL FINANCIAL ARRANGEMENT

	Arrangement	No Arrangement
Income		
Average Net Income[1]	$96,400	$111,600
Net Income Derived from Hospital Inpatient Services	$51,700	$ 53,600
Fees		
Fee for Hospital Visit	$30.60	$29.40
Hospital Utilization		
Hours Work per week in a Hospital	10.6	8.0
Number of Rounds per Week	34.7	28.0
Patients Discharged Per Week	4.5	4.9

[1]Net income is defined as income after expenses but before taxes.

An examination of the hospital utilization variables in Table 3 indicates that physicians with an arrangement spend more hours in the hospital and have more hospital rounds than physicians without financial arrangements. It appears that the largest effect of financial arrangements on hospital utilization is on the average length of stay. For patients of physicians with arrangements, the average length of stay is 15.9 days compared to only 5.7 days for patients of those physicians without arrangements. Finally, the number of patients discharged per week appears to be independent of whether a physicians has a financial arrangement.

In conclusion, this report finds that the frequency and type of financial arrangement varies substantially by physician's sex, experience, and net income. While physicians with a hospital financial arrangement tend to utilize hospitals more and charge a high fee for hospital visits than other physicians, they also have lower average net incomes. However, whether a physician has a financial arrangement with a hospital appears to have no significant effect on the average net income earned by a physician from hospital inpatient services.

* *
* Information included in this report is from the annual core survey of the Socioeconomic Monitoring System. The survey consisted of interviews with 4,002 physicians from a sample representative of all non-federal patient care physicians. The survey response rate was 61.9 percent. *
* *

SMS Report

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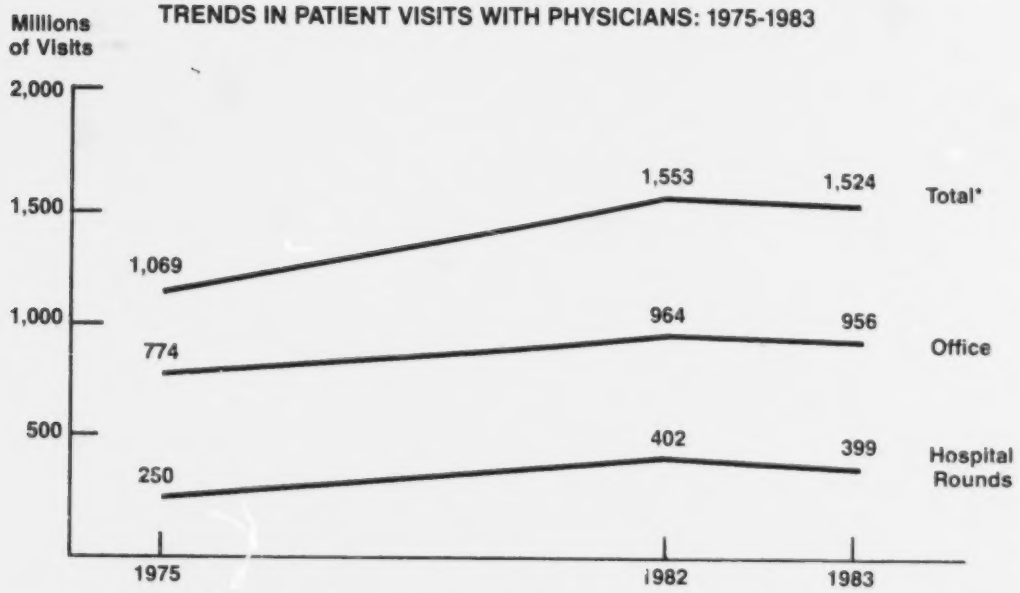
Figure 1



*Includes office visits, visits on hospital rounds, hospital outpatient and emergency room visits and visits in all other settings.

UTILIZATION TRENDS AND VARIATIONS*

This report presents physician-based data on utilization trends and geographic variations. Specifically, it examines trends in patient visits with physicians, as well as variations in office visits per physician, hospital discharges per physician, and the length of stay of patients discharged by the average physician across the four census regions. The key result is that between 1982 and the first half of 1984, the most recent data available, there have been almost continuous declines overall and in all regions of the country, in the utilization of physician services in the office as well as in the hospital inpatient setting. This may signal a slowdown in growth in the health care sector.

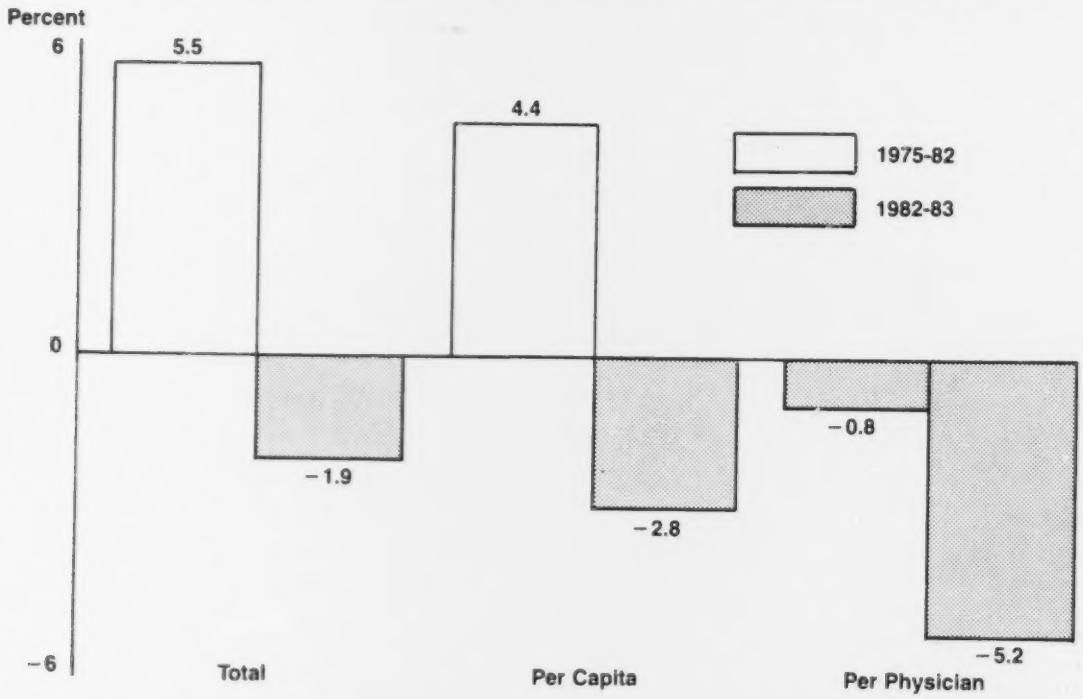
Trends

Figure 1 shows that total patient visits with physicians by the U.S. population increased from just over one billion in 1975 to approximately 1.5 billion in 1982. This growth, however, appears to have ended in 1982.

* Reprinted from SMS Report Volume 3, No. 7, October 1984.

Figure 2

ANNUAL PERCENT CHANGE IN TOTAL PATIENT VISITS WITH PHYSICIANS 1975-1983



Between 1982 and 1983, total visits -- which include office visits, visits on hospital rounds, hospital emergency rooms, outpatient departments and other settings -- showed a slight decline. Office visits and visits on hospital rounds, the most common types of patient visits, exhibit the same pattern as total visits, showing a period of growth from 1975 to 1982, but declining slightly after 1982. There has also been a shift in the composition of visit sites. While visits other than those in the office or on hospital rounds accounted for only 5% of the total in 1975, they represented 11% in 1983.

The annual percentage increase in total physician visits between 1975 and 1982, as shown in Figure 2, was 5.5%. However, between 1982 and 1983 total visits declined by nearly 2 percent. In spite of the increase in total visits from 1975 to 1982, the rapid growth in the number of physicians contributed to a slight percentage decline in the annual number of the visits per physician (0.8%). From 1982 to 1983, the downward trend in the number of visits per physician accelerated by 5.2 percent.

Regional Variations

The remainder of this report focuses on regional variations and changes in utilization per physician between the first half of 1983 and the first half of 1984. Since 1983, weekly office visits per physician have continued to decline. For the United States overall, Table 1 shows

Table 1

OFFICE VISITS PER PHYSICIAN PER WEEK
1ST HALF 1983 AND 1ST HALF 1984

	1st Half 1983	1st Half 1984	Percent Change
United States	79.3	75.3	-5.0%*
Northeast	71.0	65.4	-7.8*
North Central	82.4	80.1	-2.7
South	85.0	82.1	-3.4
West	75.1	70.0	-6.7*

*Statistically significant at the .05 level.
SOURCE: First and second quarter SMS surveys, 1983 and 1984.

a 5 percent decline between the first half of 1983 and the first half of 1984. Declines occurred in all four census regions with the smallest declines in the North Central and Southern regions and the largest declines in the Northeast and the West.

The rank ordering of regions by volume of weekly office visits per physician did not change between 1982 and 1983. Visits were highest in the South and the North Central, while the low visit regions were the West and the Northeast. Regions with lower weekly visits showed the greater decline in visits.

Hospital utilization experiences of the typical physician, as reflected in hospital discharges and average length of stay per physician, between the first half of 1983 and the first half of 1984 are presented in Table 2. This table shows that for the United States overall, there were declines in hospital discharges per physician per week and average length of stay of patients discharged of 6.1 percent and 6.2 percent respectively. Declines in discharges and lengths of stay occurred in all four census regions. The South showed the largest decline in discharges per physician at 8.7 percent. This decline was of sufficient magnitude to move the South out of the position of highest discharge region which it held in the first half of 1983.

Physician-based SMS data show that the Northeast is the region with the longest average length of stay for the typical physician and the West is the shortest length of stay region. This regional pattern is similar to that reflected in hospital-based American Hospital Association data and population-based Medicare data. The Northeast, also showed a smaller decline in length of stay than the other regions: 4 percent versus approximately 8 percent for the other regions.

Table 2

HOSPITAL DISCHARGES AND LENGTHS OF STAY OF PATIENTS
DISCHARGED BY THE AVERAGE PHYSICIAN
1ST HALF 1983 AND 1ST HALF 1984

	1st Half 1983	1st Half 1984	Percent Change
	Hospital Discharges Per Physician Per Week		
United States	4.9	4.6	-6.1%*
Northeast	4.1	3.8	-7.3
North Central	5.6	5.3	-5.3
South	5.7	5.2	-8.7**
West	3.9	3.7	-5.1
	Average Length of Stay of Patients Discharged in the Last Week		
United States	6.3	5.9	-6.3%*
Northeast	7.2	6.9	-4.1
North Central	6.5	6.0	-7.6
South	6.3	5.8	-7.9
West	5.3	4.9	-7.5

*Statistically significant at the .05 level.
**Statistically significant at the .1 level.
SOURCE: First and second quarter SMS surveys, 1983 and 1984.

Discussion

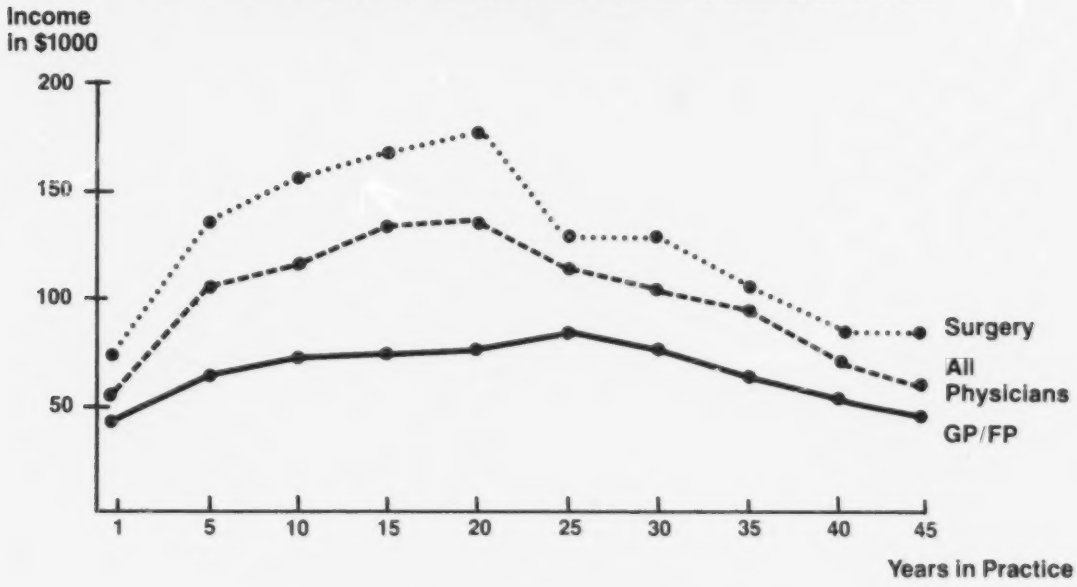
Overall, these data indicate that there has been a decline in patient visits per physician and a shift in the composition of visit sites away from the office into other settings. The pattern of regional differences in office visits has not been substantially altered. A decline in hospital inpatient utilization is also shown in these physician-based data. These trends suggest a slowdown in growth and change in the composition of the health care sector. If they continue, then competitive pressures can be expected to increase as the market tightens.

* Only data from 1975 were collected through the AMA's Tenth Periodic Survey of Physicians. The half year 1983 and 1984 data are from pooled first and second quarter SMS surveys of representative samples of all non-federal patient care physicians, excluding residents for the respective time periods. The 1983 sample included interviews with 5,188 physicians and achieved a pooled response rate of 62.5 percent. The 1984 sample included 5,210 physicians and achieved a pooled response rate of approximately 61.9 percent.

SMS Report

Socioeconomic Monitoring System

AVERAGE INCOME BY YEAR IN PRACTICE: 1983 NET INCOME AFTER EXPENSES BUT BEFORE TAXES



PRACTICE ENVIRONMENT OF YOUNG PHYSICIANS*

Recent entrants into the medical profession are confronted by a much more competitive environment than earlier generations of physicians had to face. Not only has the number of physicians increased sharply in recent years, but so has the number and types of alternative providers. As a result, young physicians may find it difficult to establish a practice. The above figure indicates that:

- Average 1983 net income after expenses but before taxes is $82,600 for all non-federal, patient-care physicians in the first five years of practice, $112,300 for those in the sixth through the tenth year, and $113,700 for physicians with more than ten years of experience.

- The net income profile for specific specialties follows a similar pattern: rising until about twenty years of experience and then declining.

The low initial earnings of physicians may result from an adverse market for new physicians given increased competition or instead may simply reflect a typical age-earnings profile in which earnings are lower initially due to investment in an occupation.

* Reprinted from SMS Report Volume 3, No. 8, November 1984.

The purpose of this report is to examine the practice environment of young physicians. The data used in this analysis come from the 1984 annual core survey of the Socioeconomic Monitoring System (SMS). Physicians in this report are divided into three groups: young physicians with five or fewer years in practice (858 physicians), young physicians with six to ten years in practice (724 physicians), and established physicians with eleven or more years in practice (2,383 physicians). If new physicians are being affected by increased competition to a larger extent than established physicians, we should expect the practice characteristics of the two groups of young physicians to be substantially different from the characteristics of the group with eleven or more years in practice. This report will examine whether this has occurred.

PRACTICE MODE AND OTHER CHARACTERISTICS

It has been argued that new physicians may have different practice arrangements when compared to older physicians. If young physicians have difficulties attracting a patient base, they may:

- accept salaried positions more frequently;
- enter into contractual arrangements with third party payors more often; and
- have problems obtaining hospital admitting privileges.

In relation to practice mode, physicians with the least amount of experience are more frequently salaried: 26.8 percent of physicians with five or fewer years in practice are salaried, as compared to 10.9 percent of those with six to ten years of experience and 9.3 percent of those with eleven or more years. The predominant employer of physicians are practices with 3 or more physicians.

Whether these results indicate that the youngest physicians are driven into salaried positions by competitive forces is not clear. Young physicians may only be taking these jobs temporarily. This possibility is supported by the comparable rates of self-employment between young physicians with six to ten years in practice and those with eleven or more years.

For those physicians who are self-employed, the size of practice varies with no apparent pattern across the years in practice categories. Solo practice is the predominant form, representing over one-half of self-employed physicians in each year in practice group.

The remaining characteristics in Table 1 show few differences in the practice patterns of physicians. Young physicians more often accept contracts with Preferred Provider Organizations (PPOs). However, the frequencies with which physicians accept participating agreements with Blue Cross/Blue Shield or accept Medicare assignment for some of their patients are quite similar across years in practice categories. Increased competi-

Table 1

PRACTICE MODE AND OTHER
CHARACTERISTICS BY YEARS IN PRACTICE

	5 or Fewer Years	6-10 Years	11 Years or More
PRACTICE MODE			
Salaried			
1 MD	2.5%	3.1%	3.2%
2 MDs	5.4	1.1	.8
3+ MDs	19.0	6.8	5.3
	26.8%	10.9%	9.3%
Self-Employed			
1 MD	37.9%	44.6%	53.0%
2 MDs	11.5	10.3	9.0
3+ MDs	23.8	34.2	28.7
	73.2%	89.1%	90.7%
OTHER CHARACTERISTICS			
Contract with PPO	20.0%	18.7%	14.3%
BC/BS Participating Agreement	55.8%	56.4%	51.9%
Accept Medicare Assignment for Some Patients	83.9%	86.1%	80.1%
Have Hospital Admitting Privileges	86.9%	87.0%	85.6%
Days to Wait for Appointment	5.4 days	6.9 days	6.4 days

tion has not reduced the availability of hospital admitting privileges among young physicians. Finally, the number of days patients must wait for an appointment are smaller for the youngest group of physicians but comparable for those with 6 to 10 years in practice and those with eleven or more.

PHYSICIAN UTILIZATION AND FEES

Lower utilization and fees among physicians entering practice may also indicate that they are being adversely affected by increased competition. Data on these factors are summarized in Table 2. Significant differences

Table 2

UTILIZATION AND FEES BY YEARS IN PRACTICE*

	YEARS IN PRACTICE		
	5 or Fewer	6-10	11 or More
AVERAGE VISITS PER WEEK			
Office Visits	59.8	70.9	82.9
Hospital Rounds	28.8	32.5	26.3
Other Visits	21.3	13.7	11.1
AVERAGE PATIENT CARE HOURS PER WEEK			
Office Visits	23.6	23.2	26.2
Hospital Rounds	9.5	9.9	7.2
Other Patient Care Hours	11.2	9.4	7.0
FEES**			
New Patient	110%	111%	100%
Established Patient	104%	105%	100%

*Excludes psychiatry, radiology, anesthesiology, and pathology.

**Fees reported as a percentage of average fees for physicians with 11 or more years in practice.

in the mix of visits are present by year in practice. Younger physicians provide fewer office visits but more visits on hospital rounds and in other locations (e.g., emergency rooms, outpatient clinics).

Some small but significant differences are present in hours spent in patient care. Younger physicians spend more time per week in patient care activities and less time in office visits relative to physicians with eleven or more years in practice. The data on visits and hours of work suggest that younger physicians spend more time with each patient. Finally, it does not appear that younger physicians offer lower fees to attract patients to their practices.

These data seem to suggest that young physicians in 1984 are not more adversely affected by competition than established physicians. Rather, it appears more likely that they are in the process of building a practice and thus, have initially lower patient volumes and incomes. These conclusions are preliminary; more detailed analysis is necessary in order to reach firm conclusions on the effect of competition on new physicians. In particular, trends in physician income, practice characteristics, utilization, and fees need to be examined over time.

SMS Report

Socioeconomic Monitoring System

MEDICARE ASSIGNMENT: RECENT TRENDS AND PARTICIPATION RATES*

Medicare, the nation's health program for the elderly and disabled, is now one of the fastest growing portions of the federal budget. Within Medicare, expenditures on physicians' services are growing faster than Medicare expenditures overall. Thus, recent national budgetary pressures have focused the attention of federal legislators and policy makers on Medicare and, in particular, payments to physicians.

Specifically, physicians' Medicare reimbursements have been frozen and a hospital admission review program has been instituted, which is expected to switch some minor surgery from the hospital to a variety of outpatient settings. The federal government has enacted several measures to increase the Medicare assignment rate. In order to accomplish this, the federal government initiated the participating physician program as part of the Deficit Reduction Act. This act establishes a special category of physicians, "participating physicians," who agree to accept all their Medicare patients on an assigned basis. With these new policies, the government wishes to accomplish the goal of cost containment, while preserving access to quality medical care for all beneficiaries.

Changes in the Medicare program may have an impact on physicians' involvement in Medicare and patients' access to care. This report, which is part of a series of reports on the Medicare program, examines:

- recent trends in physician assignment rates; and
- the percentage of physicians who chose to become "participating physicians," by specialty and previous assignment history.

The data are drawn from AMA's second quarter 1982 and 1984 annual core surveys and fourth quarter 1984 SMS survey.

Assignment Patterns of Physicians--Recent Trends

When a physician accepts a Medicare patient on assignment, he or she accepts the "allowable" charge set by Medicare as full payment. This charge is computed by a complex formula which includes geographical averages, the physician's customary fee and other factors. Medicare pays 80 percent of the allowed charge, while the patient pays 20 percent. If the patient is not accepted on assignment, he or she has to pay the 20 percent, plus any amount that the physician charges over the Medicare allowable charge.

* Reprinted from SMS Report Volume 4, No. 1, February 1985.

Table 1 presents information on the percentage of physicians that accept some patients on assignment and the average percentage of Medicare patients accepted on an assigned basis for the years 1982 and 1984. For the all physicians category more physicians accepted assignment in 1984 than in 1982 -- 83.9 percent compared to 75.6 percent. Furthermore, the average percentage of patients assigned rose from 39.9 percent in 1982 to 51.3 percent in 1984.

For 1984, physician assignment behavior shows considerable regional as well as specialty variation. The percentage of physicians that assign any Medicare patients varied from 78.2 percent in the North Central region to 89.0 percent in the Northeast. Likewise, physicians in internal medicine had the highest percentage of physicians that assigned any patients, 91 percent. General/family practitioners assign fewer patients, 43 percent on average, than either of the other three specialty groups. On a regional basis, the average percentage of patients assigned ranges from a low of 43 percent in the North Central region to a high of almost 65 percent in the Northeast.

Table 1

Physician's Assignment Patterns by
Specialty and Region, 1982 and 1984

	Of Physicians Who Treat Some Medicare Patients			
	Percent of Physicians Who Accept Assignment for any Patients		Average Percent of Patients Assigned	
	1982	1984	1982	1984
ALL PHYSICIANS	75.6%	83.9%	39.9%	51.3%
Region				
Northeast	78.4	89.0	49.2	64.8
North Central	71.9	78.2	38.4	43.2
South	76.7	83.5	39.7	50.5
West	74.9	85.3	32.2	47.9
Specialty*				
GP/FP	63.9	79.5	32.2	43.0
Internal Medicine	80.1	91.0	39.9	51.0
Surgical	80.1	85.0	39.9	51.3
Other**	74.3	81.5	46.6	56.8

*Pediatricians excluded due to their limited contact with Medicare patients. **Includes psychiatrists, radiologists, anesthesiologists, and pathologists

Source: Socioeconomic Monitoring System, Second Quarter 1982 and Second Quarter 1984 data, AMA.

Table 2

Distribution of Assignment Rates for Physicians
Who Treat Some Medicare Patients

Percent of Patients Accepted on Assignment	1982	1984
Zero	24.4	16.1
1-50	41.0	37.7
51-99	14.1	14.0
100	20.5	32.1

Source: Socioeconomic Monitoring System, Second Quarter 1982 and Second Quarter 1984 data, AMA.

An alternate way to examine the assignment issue is to look at the distribution of assignment rates over time. Table 2 contains information on the assignment rate distribution for 1982 and 1984. The percentage of non-federal patient care physicians that did not accept assignment for any patients declined from 24.4 percent in 1982 to 16.1 percent in 1984. Moreover, the percentage of physicians that assign all of their Medicare patients rose from 20.5 to 32.1 percent over this period.

Medicare Participation Rates

In an attempt to increase the number of Medicare claims that are assigned, the federal government has enacted the participating physician program as part of the Deficit Reduction Act of 1984. Simply, physicians have the option of assigning on a case-by-case basis as was done in the past, or they may elect to participate, i.e., sign an agreement to accept all Medicare patients on assignment. Incentives to participate include being the first to receive fee increases, benefits from federal publicity efforts, and a federal hotline that refers recipients to participating physicians.

Overall, data from the fourth quarter 1984 survey indicated that over one-third of all non-federal patient care physicians have become Medicare participating physicians (37.2%). Table 3 shows the percentages of physicians participating, broken down by specialty and previous assignment history. The first column provides each category's percent of the physicians sampled by past assignment history and specialty. The second column is the percent of physicians in the category who decided to participate by October 1, 1984. The physicians' past assignment rate had a clear relationship to whether the physician would participate. As the percentage of Medicare patients previously assigned increases from 0 to 100 percent the probability that a physician signed a participating agreement increases from 20 to 77 percent. Analyzing the participation rate

data by specialty reveals that physicians in the "other" specialty category and the internal medicine category have the highest participation rates, 42.5 and 41.2 percent respectively.

To date, it is too early to determine the full impact of the Deficit Reduction Act on physicians and their Medicare patients. SMS data reveal, however, that the assignment rate has increased steadily and that participation rates are strongly correlated with previous assignment history. According to SMS data, the trend indicates that more Medicare patients will be treated on an assigned basis in the future, thereby preserving access to quality care, while holding down out-of-pocket expenditures to the elderly.

Table 3

Percent of Physicians Who Decided to
Become Medicare Participating Physicians

	Percent of Sampled Physicians	Percent in Each Category Who Elected to Participate
ALL PHYSICIANS	100%	37.2%
Percent of Medicare patients assigned previously:		
None assigned	15.9	20.1
1-50% assigned	36.9	27.0
51-99% assigned	12.7	48.0
100% assigned	20.4	76.7
Specialty*		
GP/FP	17.3	33.0
Internal Medicine	15.7	41.2
Surgical	28.4	37.7
Other**	31.9	42.5

*Pediatricians excluded due to their limited contact with Medicare patients.

**Includes psychiatrists, radiologists, anesthesiologists and pathologists.

SOURCE: Socioeconomic Monitoring System, Fourth Quarter 1984 Data, AMA.

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SMS Report

Socioeconomic Monitoring System

RECENT TRENDS IN MEDICAL PROFESSIONAL LIABILITY*

Medical professional liability is continuing to be a major problem facing physicians. Recent trends indicate that claims and annual premiums for liability insurance are on the increase. There is growing evidence that these trends have lead physicians to attempt to reduce the risk resulting from claims through the practice of defensive medicine. In this report, the degree to which the risk to physicians has increased and the extent that physicians have increased the level of defensive medicine they practice are examined. Trends in liability insurance premiums and litigation costs resulting from a claim are also reported.

Trends in the Annual Rate of Claims

An analysis of the average annual rate of claims before and after 1980 indicates that physicians have become more at risk of incurring a claim in the last five years. Table 1 indicates that physicians experienced claims at an average annual rate of 3.0 per 100 physicians prior to 1980 compared to 8.6 claims during the period 1980-84. Although similar information from SMS has been reported on claims for the periods 1979-83 and prior to 1979, survey sampling errors make it inappropriate to compare that information with current results to ascertain short-term trends.

Table 1

AVERAGE INCIDENCE OF MALPRACTICE CLAIMS BY SELECTED CHARACTERISTICS

	Annual Claims per 100 Physicians	
	1980-1984	Prior to 1980
ALL PHYSICIANS	8.6	3.0
Specialty		
General/Family Practice	7.4	2.9
Medical Specialties	5.7	2.4
Surgical Specialties	13.9	4.4
Region		
Northeast	10.7	3.1
North Central	8.2	2.6
South	7.3	2.6
West	8.9	3.7

* Reprinted from SMS Report Volume 4, No. 2, March 1985.

Among specialty groups, surgeons were at the greatest risk of having a claim filed against them during both the 1980-84 time period and the period prior to 1980. These physicians incurred claims at an average annual rate of 4.4 claims per 100 physicians prior to 1980 and 13.9 during the last five years. General and family practitioners experienced claims at an average annual rate of 2.9 claims per 100 physicians prior to 1980 compared to 7.4 during the period 1980-1984. The risk to medical specialists increased the least -- their average annual rate of claims was 2.4 per 100 physicians prior to 1980 and 5.7 during the following 5 years.

The risk to physicians has increased in all four census regions. Physicians in the Northeast were at the greatest risk of incurring a claim in the last five years while physicians in the South were at the least risk. These variations might best be explained by examining claims rates for the individual states that compose each region. This is because the laws which regulate professional liability and influence the rate of claims are enacted at the state level. However, sample size limitations prevent reliable disaggregation of the data used in this report to the state level.

Increases in Defensive Medicine

Increases in claims have lead physicians to protect themselves through the practice of defensive medicine. There are two types of defensive medicine. "Positive defensive medicine" occurs when a physician performs additional tests or procedures in order to avoid being accused of negligence (for not having performed them) and not because they are perceived as essential. This type of defensive medicine directly increases health care costs. The second type, termed "negative defensive medicine," occurs when a physician avoids certain procedures because legal risks might arise from resulting complications.

Information was collected in the 4th quarter 1984 SMS survey to examine several aspects of "positive defensive medicine." Physicians were asked if they increased the amount of defensive medicine they practiced in the last 12 months. In other words, the information reflects additions to the level of defensive medicine that may already have been performed.

Overall, 42% of physicians took at least one measure indicating an increase in the practice of defensive medicine in the last 12 months. For individual defensive measures, the results (see Table 2) indicate that:

- 31% of physicians maintained more detailed records.
- 20% prescribed more diagnostic tests and/or treatment procedures.
- 17% increased follow-up visits.
- 17% spent more time with patients.

All these responses to increased professional liability risks directly contribute to higher health care costs.

Table 2

PERCENT OF PHYSICIANS THAT INCREASED THE LEVEL OF DEFENSIVE MEDICINE THEY PRACTICED DURING 1984

	Percent			
	Maintaining More Detailed Records	Increasing Tests or Treatment Procedures	Increasing Follow-up Visits	Increasing Time Spent with Patients
ALL PHYSICIANS	31.0%	20.0%	17.0%	17.0
Physicians with no claims	24.7	16.1	13.7	13.9
Physicians with at least one claim	41.1	26.6	22.2	22.4
Specialty				
General/Family Practice	36.0	25.0	25.0	15.2
Medical Specialties	25.0	15.7	11.9	17.2
Surgical Specialties	32.6	23.1	14.3	20.9

The decision to practice defensive medicine is based on physicians' perceptions of their risk of incurring a claim. As shown in Table 2, physicians with at least one claim in their career were more likely to increase the level of defensive medicine they practiced than physicians who never incurred a claim. This suggests that perception of risk is influenced by a physician's own claims experience as well as other factors such as their liability insurance premium rates and colleagues' claims experiences.

Among specialty groups, it is expected that those specialties which have incurred more claims in the past would practice more defensive medicine. This hypothesis is supported by the results. More surgeons and general and family practitioners tended to increase their defensive medicine practices in the last 12 months than medical specialists. However, general and family practitioners were more likely than surgeons to have increased several defensive medicine practices despite the fact that surgeons had incurred claims at a higher rate. It is possible that surgeons had already been practicing defensive medicine to a greater extent and did not feel the need to increase their current level.

The information in Table 2 does not reflect the overall share of physicians practicing defensive medicine. This is because the figures do not include physicians who practiced the same amount of defensive medicine in 1984 as they had in the past. However, information was available on the percent of physicians engaging in defensive medicine prior to 1984. This information is presented in Table 3 along with the percent of physicians

Table 3

PERCENT OF PHYSICIANS ADOPTING DEFENSIVE MEDICINE MEASURES

	Percent of Physicians	
	Prior to 1984*	1984**
Maintaining more detailed records	56.9%	31.0
Prescribing more tests or treatment procedures	43.0	20.0
Increasing time spent with patients	35.9	17.0
Increasing follow-up visits	--	17.0

*SOURCE: 3rd Quarter 1983 survey of the Socioeconomic Monitoring System.
**1984 figures represent physicians who increased their level of defensive medicine or adopted defensive measures for the first time.

who chose to increase the level of defensive medicine, or adopt defensive medicine measures for the first time, in 1984. While it is still not possible to ascertain precisely how many physicians engaged in some form of defensive medicine in 1984 from this information, it is apparent that the practice is widespread.

Changes in Professional Liability Premiums and the Cost of Litigation

Increases in the rate of claims have been accompanied by increases in professional liability premiums. Preliminary figures on 1984 average premiums indicate that they have increased 11% over 1983 ($7,100 to $7,900). Additional information on 1984 premiums is being collected in the 2nd quarter 1985 SMS survey. Therefore, the final figures on 1984 premiums may reflect some adjustment of the preliminary figure given here.

In addition to paying higher insurance premiums, physicians can also incur litigation costs in the event of a claim. Among physicians having at least one claim filed against them in the last five years, 13.6% hired a lawyer in addition to that provided by their insurance company at an average cost of $9,100. Another cost associated with claims relates to time physicians lose from their practices. In the past five years, physicians lost an average of 2.7 days per claim due to time spent in court appearances and meetings with attorneys.

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SMS Report

Socioeconomic Monitoring System

MEDICARE PARTICIPATION RATES: AN ANALYSIS OF PHYSICIAN RESPONSE*

Medicare's "participating physician" program, which took effect on October 1, 1984, is a key element in the federal government's attempt to control the rapid growth in Medicare's portion of the federal budget. This program, part of the Deficit Reduction Act of 1984 (DRA), encourages physicians to agree in writing to accept assignment for a one-year period for all services provided to their elderly patients. Those who choose not to participate may continue to assign Medicare claims on a case-by-case basis. In addition to the participation program, the DRA imposes a freeze on allowable fees reimbursed by Medicare. It is noteworthy that the fee freeze includes unassigned claims from non-participating physicians; that is, claims from recipients who have been billed directly by their physician.

The clear intent of both the participating physician program and the fee freeze is to encourage increased assignment of claims to Medicare and to reduce federal outlays once the claims are assigned. The extension of the fee freeze to unassigned claims is designed to discourage shifting the burden of financing health care to elderly recipients.

This report examines the factors influencing physicians' decisions in electing to sign a participation agreement. We employ multivariate analysis to examine the relationship between a set of physician characteristics and the probability that physicians with those characteristics would choose to participate in the new program.

Factors Influencing the Participation Decision

Since the federal government considers the participating physician program crucial in increasing assignment rates, it is important to examine the response of physicians to the incentives provided by the Deficit Reduction Act. A recent study (SMS Report, Vol. 4, No. 1) reported that, while 37.2 percent of all physicians elected to participate, there were significant differences in participation rates across specialty categories and previous assignment rates. That study considered only those two factors, however, without examining any other physician characteristics, or interactions among those characteristics, which were instrumental in influencing physicians' decisions to elect the new program.

* Prepared in June 1985; not previously published.

This report considers a variety of factors which may have 'nfluenced physicians' response to these incentives. The methods used allow us to account for the interactions of a wider set of variables than was considered in previous studies. The factors fall into five general categories: economic, demand, specialty, location and quality. Each category is briefly defined as follows:

- Economic factors are those directly influencing physicians' incomes from their Medicare patients, such as assignment history prior to the Deficit Reduction Act and the relative price differentials between assigning and not assigning claims.

- Demand factors are those arising from the market in which the physician practices, for example, the proportion of elderly patients in a physician's practice area.

- Speciality categories identify variations in participation rates due to basic differences in physicians' practices.

- Location factors account for regional and locality differences in the physician's practice area.

- Quality factors attempt to define the quality of care provided by the physician, for example, whether the physician is board certified or not.

Empirical Results

Table 1 summarizes the empirical results. Column one provides the name of the variable, column two the anticipated effect of the variable on the participation decision, and column three the observed relationship between the variable and the probability that a physician elected to participate. The investigation employed a sample of 476 non-federal, patient-care physicians excluding residents. Data for the sample were obtained by merging four sources: the AMA's Physician Masterfile and fourth quarter 1984 SMS Survey, the Bureau of Health Professions' Area Resource File and the Health Care Financing Administration's Prevailing Charge Data File.

What is striking from the results of the analysis is that only four factors significantly explain the participation decision. Two are the economic factors -- past assignment rates and the ratio of Medicare prevailing fees to the physician's usual fee for service. The other two are the quality variable indicating whether the physician is board certified or not, and the variable denoting the physician's location as rural or urban. By comparison, none of the demand variables, the remaining quality measures, nor the region in which the physician practiced appeared to explain the participation decision. Likewise, there appeared to be no relationship between a physician's specialty and the probability of becoming a participating physician.

These results indicate that the primary factor influencing the probability of electing to participate was economic, with participation more

Table 1

ANTICIPATED AND OBSERVED RELATIONSHIP BETWEEN PHYSICIAN CATEGORIES AND THE PARTICIPATION DECISION

Physician Categories	Anticipated Relationship	Observed Relationship
Economic Factors		
Previous Assignment Rates	Positive	Positive
Ratio of Medicare Prevailing Fee to Usual Charge	Positive	Positive
Demand Factors		
Physicians per capita in practice county	Positive	None
Elderly per capita in practice county	Positive	None
Percent of population below poverty in practice county	Positive	None
Physician Specialty		
GP/FP	Negative	None
Internal Medicine	Positive	None
Surgical	Positive	None
Physician Region/Location		
Northeast	Positive	None
North Central	Positive	None
South	Negative	None
West	Negative	None
Urban	Positive	Positive
Quality Factors		
Foreign Medical Graduate	Positive	None
Years of Experience	Negative	None
Board Certification	Negative	Negative

likely for physicians who had previously assigned a larger percentage of patients or whose usual fees were relatively close to the Medicare prevailing fee (a high ratio). Board certified physicians were less likely to join the participating physicians program, indicating a possible reduction in the quality of care received by Medicare patients who select a participating physician. Physicians located in urban areas were more likely to participate, which may be due to a larger elderly population, more competition and more information in urban areas than rural.

While four of the variables were significantly related to the participation decision, none exerted a very strong influence. Other results obtained from the study but not included here indicate that a one percent

Table 2

MEDICARE PARTICIPATION PROBABILITY
BY PHYSICIAN PRACTICE CATEGORIES

Physician Category	Likelihood of Participation
All Physicians	34.14%
Urban Physicians	43.83
Rural Physicians	27.00
Board Certified Physicians	23.94
Non-Certified Physicians	41.17

increase in the ratio of the Medicare prevailing fee to the physician's usual fee increased the probability of participating by only one-tenth of one percent. A one percent increase in past assignment rates increased the probability of participation by a little more than one-half percent. These findings suggest that other factors which could not be included in the analysis, such as physicians' expectations of the success of the program, exerted a stronger influence than those considered here.

Based on these numerical results, it is possible to predict participation rates for selected physician categories if the ratio of Medicare prevailing fees to usual fees and past assignment rates remain unchanged. Table 2 presents these estimates. The likelihood that any physician will participate is a little over one-third, with urban and non-certified physicians nearly twice as likely to participate than their rural or certified colleagues.

In summary, this report analyzes the factors influencing physicians' decisions to elect Medicare's new participation program. Our results indicate that physicians were extremely cautious in making the decision to participate based on the factors considered in the analysis. It is likely that their decisions were influenced more by their expectations of the effect of federal marketing efforts for participating physicians, and other factors such as the possible continuation of the fee freeze. Future participation rates will depend to a large extent on whether these expectations prove to be correct, especially the income effects of the government's decision to continue the fee freeze for non-participating physicians. This action coupled with a successful marketing campaing, could induce more physicians to elect the participation program in an effort to maintain their Medicare patient caseloads and revenues.

* * * *

SMS Detailed Tabulations

TABLE 1. MEAN NUMBER OF WEEKS PRACTICED, 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	47.0	47.4	47.1	47.2	47.4	46.8	45.3	47.1	45.5	47.7
CENSUS DIVISION										
NEW ENGLAND	47.2	47.0	47.9	47.6	47.0	46.2	44.1	47.4	46.4	.
MIDDLE ATLANTIC	46.3	46.5	46.6	46.2	47.0	45.5	45.5	45.8	46.1	48.4
EAST NORTH CENTRAL	46.8	46.6	48.1	47.3	47.3	48.2	45.3	47.7	44.2	46.0
WEST NORTH CENTRAL	47.2	47.7	46.2	48.2	47.4	47.0	46.4	46.8	43.8	.
SOUTH ATLANTIC	47.2	47.9	46.9	47.1	47.7	47.4	45.6	47.8	45.7	48.6
EAST SOUTH CENTRAL	47.4	47.4	45.6	48.6	49.1	49.1	42.8	.	46.2	.
WEST SOUTH CENTRAL	47.7	48.8	47.5	47.5	47.5	45.5	47.1	48.0	46.5	.
MOUNTAIN	46.7	46.7	48.9	46.6	46.3	46.8	43.6	47.3	.	46.4
PACIFIC	47.1	47.5	46.6	47.5	47.1	46.5	45.1	47.3	45.9	48.4
TYPE OF PRACTICE										
SOLO	47.6	48.2	48.0	47.7	48.4	46.8	47.5	47.1	45.2	49.6
NON-SOLO	46.5	46.4	46.4	46.7	46.9	46.7	44.9	47.1	45.7	47.6
LOCATION										
NONMETROPOLITAN	47.5	47.7	48.1	47.4	44.6	47.0	47.9	.	44.3	.
METROPOLITAN										
LESS THAN 1,000,000	47.0	47.0	46.7	47.6	47.6	47.2	44.1	47.2	45.9	48.0
1,000,000 AND OVER	46.9	47.6	47.3	46.8	47.4	46.4	46.0	47.1	45.3	47.4
EMPLOYMENT STATUS										
SELF-EMPLOYED	47.4	48.0	47.7	47.5	48.1	46.8	45.6	47.2	45.5	48.0
EMPLOYEE	45.9	45.2	45.3	45.4	45.9	46.7	44.4	46.8	45.6	47.4
PHYSICIAN AGE										
LESS THAN 36 YEARS	44.9	45.2	44.6	44.6	44.5	45.4	42.8	45.5	45.1	.
36-45 YEARS	47.5	47.5	48.0	47.7	47.7	47.3	46.2	47.4	46.3	47.2
46-55 YEARS	47.6	48.7	48.0	47.5	48.2	47.2	45.6	47.5	45.5	48.6
56-65 YEARS	47.3	48.2	47.8	47.5	47.9	46.2	46.0	47.5	44.9	48.1
66 OR MORE YEARS	46.4	47.1	46.1	46.3	47.1	46.8	42.4	45.4	.	.

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 1 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF WEEKS PRACTICED, 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	0.09	0.21	0.24	0.17	0.31	0.38	0.32	0.23	0.29	0.36
CENSUS DIVISION										
NEW ENGLAND	0.27	1.60	0.65	0.36	0.91	1.40	1.36	0.46	0.62	.
MIDDLE ATLANTIC	0.25	0.65	0.61	0.66	0.91	0.98	0.80	0.72	0.49	0.38
EAST NORTH CENTRAL	0.21	0.62	0.37	0.32	0.66	0.37	0.61	0.37	0.91	1.29
WEST NORTH CENTRAL	0.26	0.46	1.19	0.34	0.66	0.68	0.89	0.76	1.89	.
SOUTH ATLANTIC	0.21	0.51	0.61	0.43	0.84	0.75	0.52	0.61	0.71	0.42
EAST SOUTH CENTRAL	0.40	0.88	2.01	0.27	0.34	0.53	2.97	.	0.94	.
WEST SOUTH CENTRAL	0.24	0.38	0.68	0.39	0.86	2.00	0.57	0.63	0.88	.
MOUNTAIN	0.42	1.13	0.33	0.84	1.72	1.85	1.60	1.01	.	1.95
PACIFIC	0.19	0.36	0.70	0.37	0.96	0.95	0.78	0.50	0.54	0.54
TYPE OF PRACTICE										
SOLO	0.12	0.22	0.30	0.22	0.36	0.61	0.90	0.30	0.51	0.43
NON-SOLO	0.12	0.37	0.36	0.25	0.42	0.43	0.34	0.35	0.36	0.38
LOCATION										
NONMETROPOLITAN	0.25	0.37	0.47	0.45	3.48	1.32	0.67	.	1.50	.
METROPOLITAN										
LESS THAN 1,000,000	0.14	0.37	0.43	0.22	0.41	0.59	0.56	0.45	0.44	0.44
1,000,000 AND OVER	0.12	0.31	0.32	0.28	0.40	0.53	0.35	0.27	0.41	0.58
EMPLOYMENT STATUS										
SELF-EMPLOYED	0.09	0.19	0.24	0.15	0.20	0.42	0.30	0.26	0.33	0.33
EMPLOYEE	0.22	0.64	0.66	0.75	0.85	0.54	0.84	0.51	0.64	0.61
PHYSICIAN AGE										
LESS THAN 36 YEARS	0.38	0.78	0.96	1.12	1.62	1.52	1.20	1.68	1.41	.
36-45 YEARS	0.12	0.39	0.25	0.24	0.38	0.67	0.29	0.39	0.36	0.64
46-55 YEARS	0.12	0.22	0.29	0.23	0.28	0.67	0.44	0.28	0.47	0.32
56-65 YEARS	0.15	0.21	0.35	0.25	0.46	0.80	0.86	0.27	0.56	0.60
66 OR MORE YEARS	0.31	0.54	0.89	0.75	1.06	0.64	2.83	1.10	.	.

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
.INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 2. MEAN NUMBER OF WEEKS PRACTICED PER YEAR, 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	47.2	47.2	47.0	47.4	46.9	46.6	46.7	46.8	47.0
SPECIALTY									
GENERAL/FAMILY PRACTICE	47.5	47.4	47.2	47.8	47.3	47.2	46.9	47.3	47.4
INTERNAL MEDICINE	47.3	47.2	47.1	47.2	46.7	46.2	46.7	46.8	47.1
SURGERY	47.2	46.9	47.0	47.0	46.7	46.6	46.5	46.9	47.2
PEDIATRICS	47.6	47.3	47.2	48.2	46.8	46.8	47.1	47.3	47.4
OBSTETRICS/GYNECOLOGY	47.4	47.3	47.4	47.9	47.5	46.6	47.2	47.2	46.8
RADIOLOGY	46.7	47.4	47.2	46.8	46.5	46.1	46.1	45.2	45.3
PSYCHIATRY	47.4	47.4	46.9	47.7	47.0	47.1	47.2	47.1	47.1
ANESTHESIOLOGY	46.5	46.2	45.9	45.8	46.5	46.0	45.8	45.5	45.5
CENSUS DIVISION									
NEW ENGLAND	47.3	47.2	46.4	46.8	46.5	46.3	46.1	46.6	47.2
MIDDLE ATLANTIC	47.1	47.0	47.0	47.3	46.7	46.5	46.9	46.9	46.3
EAST NORTH CENTRAL	46.9	46.4	46.4	47.1	46.4	46.3	46.7	46.6	46.8
WEST NORTH CENTRAL	47.2	47.5	47.1	47.4	47.3	46.1	46.2	45.9	47.2
SOUTH ATLANTIC	47.6	47.6	47.4	47.8	47.5	47.2	47.0	47.0	47.2
EAST SOUTH CENTRAL	47.5	47.1	47.7	47.9	47.5	47.3	47.7	48.1	47.4
WEST SOUTH CENTRAL	47.9	47.4	47.6	48.0	47.4	47.2	46.8	47.5	47.7
MOUNTAIN	47.2	47.3	46.7	47.3	47.2	46.5	46.3	46.2	46.7
PACIFIC	47.0	47.4	47.0	47.2	46.5	46.0	46.4	46.7	47.1
TYPE OF PRACTICE									
SOLO	47.4	47.3	47.2	47.7	47.3	46.9	47.1	47.7	47.6
NON-SOLO	47.0	47.0	46.7	47.1	46.5	46.3	46.4	46.2	46.5
LOCATION									
NONMETROPOLITAN	47.3	47.2	46.9	47.7	47.4	47.1	46.8	47.6	47.5
METROPOLITAN									
LESS THAN 1,000,000	47.3	47.2	47.0	47.4	47.1	46.7	46.7	46.7	47.0
1,000,000 AND OVER	47.1	47.1	47.0	47.4	46.6	46.3	46.8	46.8	46.9
PHYSICIAN AGE									
LESS THAN 36 YEARS	46.2	46.7	43.9	44.4	44.8	43.9	44.5	44.5	44.9
36-45 YEARS	47.5	47.4	47.8	47.5	47.2	47.0	47.0	47.2	47.5
46-55 YEARS	47.5	47.4	48.0	48.0	47.4	47.1	47.4	47.3	47.6
56-65 YEARS	47.3	47.2	47.1	47.8	47.2	47.1	47.1	47.5	47.3
66 OR MORE YEARS	46.7	46.2	46.2	47.2	46.8	46.7	46.4	46.8	46.4

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING RESULTS FOR 1981 TO 1984 WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 2 (CONTINUED). STANDARD ERROR OF THE NUMBER OF WEEKS PRACTICED PER YEAR, 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	0.06	0.07	0.09	0.08	0.09	0.10	0.10	0.09	0.09
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.15	0.15	0.21	0.16	0.21	0.25	0.31	0.24	0.21
INTERNAL MEDICINE	0.15	0.18	0.22	0.19	0.22	0.31	0.27	0.25	0.24
SURGERY	0.12	0.13	0.18	0.16	0.18	0.21	0.22	0.18	0.17
PEDIATRICS	0.20	0.30	0.34	0.22	0.40	0.39	0.35	0.30	0.31
OBSTETRICS/GYNECOLOGY	0.22	0.24	0.29	0.27	0.23	0.45	0.33	0.28	0.38
RADIOLOGY	0.28	0.20	0.36	0.41	0.41	0.25	0.27	0.31	0.32
PSYCHIATRY	0.23	0.19	0.32	0.23	0.29	0.27	0.23	0.29	0.23
ANESTHESIOLOGY	0.25	0.31	0.48	0.44	0.32	0 32	0.39	0.33	0.29
CENSUS DIVISION									
NEW ENGLAND	0.21	0.22	0.36	0.31	0.36	0.37	0.43	0.29	0.27
MIDDLE ATLANTIC	0.13	0.16	0.19	0.15	0.20	0.25	0.23	0.22	0.25
EAST NORTH CENTRAL	0.15	0.18	0.21	0.19	0.22	0.26	0.23	0.20	0.21
WEST NORTH CENTRAL	0.24	0.21	0.36	0.28	0.28	0.42	0.38	0.39	0.25
SOUTH ATLANTIC	0.18	0.17	0.23	0.20	0.18	0.21	0 25	0.23	0.21
EAST SOUTH CENTRAL	0.37	0.37	0.41	0.36	0.42	0.45	0.27	0.26	0.40
WEST SOUTH CENTRAL	0.21	0.29	0.28	0.28	0.31	0.35	0.37	0.24	0.24
MOUNTAIN	0.32	0.27	0.51	0.34	0.38	0.34	0.44	0.47	0.42
PACIFIC	0.17	0.15	0.20	0.17	0.22	0.30	0.28	0.22	0.19
TYPE OF PRACTICE									
SOLO	0.09	0.10	0.12	0.10	0.12	0.16	0.16	0.11	0.12
NON-SOLO	0.09	0.09	0.14	0.11	0.13	0.13	0.13	0.13	0.12
LOCATION									
NONMETROPOLITAN	0.20	0.23	0.32	0.23	0.29	0.23	0.33	0.24	0.25
METROPOLITAN									
LESS THAN 1,000,000	0.10	0.11	0.14	0.13	0.13	0.16	0.15	0.13	0.14
1,000,000 AND OVER	0.09	0.10	0.12	0.10	0.13	0.16	0.15	0.13	0.12
PHYSICIAN AGE									
LESS THAN 36 YEARS	0.32	0.31	0.40	0.50	0.35	0.49	0.42	0.38	0.38
36-45 YEARS	0.09	0.11	0.11	0.13	0.15	0.15	0.16	0.13	0.12
46-55 YEARS	0.11	0.11	0 10	0.10	0.14	0.16	0.14	0.12	0.12
56-65 YEARS	0.13	0.14	0.20	0.13	0.17	0.17	0.18	0.14	0.15
66 OR MORE YEARS	0.22	0.28	0.33	0.21	0.24	0.32	0.36	0.32	0.31

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

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TABLE 3. MEAN NUMBER OF HOURS IN PROFESSIONAL ACTIVITIES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	56.8	58.0	59.5	56.8	56.5	59.1	55.7	51.1	59.6	51.6
CENSUS DIVISION										
NEW ENGLAND	55.7	52.8	59.8	56.1	57.1	55.4	55.9	48.2	58.4	55.2
MIDDLE ATLANTIC	55.6	52.6	59.6	56.1	52.8	60.7	52.1	51.1	61.0	50.4
EAST NORTH CENTRAL	57.1	59.5	59.4	56.2	55.4	57.8	57.6	55.5	56.6	50.5
WEST NORTH CENTRAL	56.8	60.8	58.1	55.1	56.7	61.3	58.7	49.7	58.7	50.2
SOUTH ATLANTIC	57.3	58.0	58.9	57.8	56.6	58.8	56.0	51.5	62.6	53.8
EAST SOUTH CENTRAL	60.8	63.3	59.2	61.4	63.5	61.4	58.6	52.7	64.5	48.9
WEST SOUTH CENTRAL	59.0	62.6	63.0	58.1	58.5	58.2	55.0	52.2	60.3	53.5
MOUNTAIN	57.5	59.5	60.3	56.0	59.4	61.8	54.5	51.5	58.0	55.8
PACIFIC	55.0	53.4	58.6	55.6	56.7	58.6	55.6	48.0	58.7	50.1
TYPE OF PRACTICE										
SOLO	57.1	57.9	60.4	56.9	57.3	58.5	53.9	52.1	59.1	51.9
NON-SOLO	56.6	58.2	58.8	56.7	56.1	59.7	56.0	49.4	59.9	51.6
LOCATION										
NONMETROPOLITAN	59.9	62.2	61.0	58.9	59.7	60.5	56.4	49.6	50.7	47.1
METROPOLITAN										
LESS THAN 1,000,000	57.4	58.0	59.5	57.3	57.4	59.5	56.5	50.6	61.8	54.4
1,000,000 AND OVER	55.7	54.5	59.4	55.8	55.4	58.6	54.9	51.4	58.6	49.2
EMPLOYMENT STATUS										
SELF-EMPLOYED	58.0	59.1	60.9	57.0	59.1	59.7	56.0	52.4	60.7	54.2
EMPLOYEE	53.2	54.1	55.5	55.9	50.3	55.3	55.0	48.2	56.1	48.6
PHYSICIAN AGE										
LESS THAN 36 YEARS	59.0	59.8	60.4	59.1	58.3	61.2	62.2	54.1	60.4	50.6
36-45 YEARS	58.2	59.9	62.3	58.5	56.2	61.5	56.5	51.0	59.3	51.4
46-55 YEARS	57.3	61.4	58.8	57.5	56.8	58.6	55.2	52.3	60.8	49.9
56-65 YEARS	55.5	57.3	56.5	54.3	56.1	58.7	53.8	51.5	59.2	58.9
66 OR MORE YEARS	48.8	50.5	52.1	48.9	50.6	48.8	43.8	42.2	.	46.1

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 3 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS IN PROFESSIONAL ACTIVITIES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	0.20	0.54	0.48	0.43	0.73	0.73	0.76	0.65	0.93	0.92
CENSUS DIVISION										
NEW ENGLAND	0.73	2.48	1.44	1.57	2.58	3.73	2.34	1.71	3.14	3.90
MIDDLE ATLANTIC	0.49	1.57	1.06	1.13	1.53	2.09	1.60	1.31	2.34	1.78
EAST NORTH CENTRAL	0.51	1.51	1.26	1.10	1.79	1.73	1.99	1.86	2.23	1.79
WEST NORTH CENTRAL	0.76	1.59	1.85	1.52	3.25	4.34	2.80	2.73	3.31	3.31
SOUTH ATLANTIC	0.48	1.23	1.06	0.99	2.04	1.59	1.72	1.61	2.93	2.16
EAST SOUTH CENTRAL	0.88	2.02	2.02	1.84	3.37	2.83	2.13	3.14	6.38	3.12
WEST SOUTH CENTRAL	0.66	1.59	1.95	1.48	2.38	1.86	2.69	2.36	1.69	3.55
MOUNTAIN	0.89	2.17	2.48	1.53	3.56	3.13	3.41	3.87	3.98	7.71
PACIFIC	0.48	1.14	1.20	1.02	1.53	1.61	2.50	1.67	2.13	2.26
TYPE OF PRACTICE										
SOLO	0.32	0.73	0.74	0.65	1.31	1.14	2.49	0.86	1.77	2.28
NON-SOLO	0.25	0.79	0.62	0.55	0.88	0.93	0.79	0.96	1.08	1.01
LOCATION										
NONMETROPOLITAN	0.67	1.01	1.85	1.40	2.72	2.85	3.42	3.21	6.28	4.12
METROPOLITAN										
LESS THAN 1,000,000	0.30	0.80	0.71	0.60	1.14	1.10	1.07	1.14	1.50	1.38
1,000,000 AND OVER	0.29	0.97	0.68	0.67	1.01	1.04	1.12	0.82	1.15	1.24
EMPLOYMENT STATUS										
SELF-EMPLOYED	0.23	0.60	0.56	0.46	0.82	0.78	0.89	0.82	1.08	1.36
EMPLOYEE	0.38	1.14	0.87	1.10	1.42	2.03	1.43	1.03	1.76	1.16
PHYSICIAN AGE										
LESS THAN 36 YEARS	0.49	1.06	0.98	1.31	1.87	1.84	2.38	2.02	2.35	2.68
36-45 YEARS	0.34	1.11	0.87	0.67	1.24	1.28	1.14	1.13	1.52	1.49
46-55 YEARS	0.40	1.28	0.97	0.76	1.49	1.33	1.41	1.15	1.81	1.24
56-65 YEARS	0.45	0.98	1.13	1.05	1.59	1.73	1.76	1.44	2.00	3.35
66 OR MORE YEARS	0.79	1.58	1.68	1.88	2.60	2.60	3.96	2.22	.	4.80

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 4. MEAN NUMBER OF HOURS IN PATIENT CARE ACTIVITIES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	51.0	53.5	53.1	51.3	50.7	54.1	50.5	44.6	54.4	41.9
CENSUS DIVISION										
NEW ENGLAND	49.1	48.5	52.4	50.4	49.7	51.1	49.7	41.3	53.3	35.0
MIDDLE ATLANTIC	49.4	47.7	53.2	50.5	46.3	54.6	46.7	44.4	55.0	40.7
EAST NORTH CENTRAL	51.2	54.5	52.1	50.8	49.5	53.3	52.3	49.6	53.8	39.7
WEST NORTH CENTRAL	51.0	57.4	52.3	49.2	50.8	57.1	53.2	42.6	52.6	38.7
SOUTH ATLANTIC	51.6	53.6	53.1	51.8	51.4	53.8	51.2	44.4	54.4	45.8
EAST SOUTH CENTRAL	55.5	58.9	53.8	57.0	59.2	54.9	52.8	46.9	60.5	38.9
WEST SOUTH CENTRAL	53.9	58.2	57.3	53.1	54.2	53.6	51.0	46.4	54.9	43.1
MOUNTAIN	52.0	55.9	54.6	50.9	53.2	56.7	48.3	44.6	53.0	49.3
PACIFIC	49.2	48.6	51.5	50.0	50.9	53.7	50.3	42.6	54.3	43.8
TYPE OF PRACTICE										
SOLO	51.8	53.6	54.4	51.7	52.7	53.7	49.3	46.0	54.5	42.2
NON-SOLO	50.4	53.5	52.0	50.9	49.8	54.5	50.7	42.3	54.4	41.9
LOCATION										
NONMETROPOLITAN	56.0	58.8	56.8	54.9	55.9	57.2	51.4	42.5	47.6	41.4
METROPOLITAN										
LESS THAN 1,000,000	51.7	52.9	53.5	51.9	52.6	54.4	51.4	44.6	56.4	43.4
1,000,000 AND OVER	49.5	49.9	52.3	49.9	48.8	53.3	49.5	44.8	53.3	40.3
EMPLOYMENT STATUS										
SELF-EMPLOYED	52.8	55.0	55.0	51.8	54.1	55.1	51.3	46.3	56.3	44.4
EMPLOYEE	45.7	48.0	47.6	48.4	42.9	47.8	48.2	41.1	48.3	38.9
PHYSICIAN AGE										
LESS THAN 36 YEARS	53.0	54.8	54.6	53.8	52.3	56.0	56.5	46.7	54.0	39.8
36-45 YEARS	52.1	54.9	55.5	52.9	50.1	57.0	51.2	44.6	54.6	42.3
46-55 YEARS	51.3	56.8	51.5	52.0	51.1	52.9	49.8	46.4	55.8	39.9
56-65 YEARS	50.0	53.1	50.2	49.2	51.1	53.7	48.5	44.4	52.8	50.3
66 OR MORE YEARS	44.2	46.8	46.9	43.7	46.2	44.2	40.7	37.2		33.1

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 4 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS IN PATIENT CARE ACTIVITIES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	0.20	0.52	0.48	0.41	0.74	0.70	0.72	0.61	0.94	0.96
CENSUS DIVISION										
NEW ENGLAND	0.74	2.39	1.55	1.45	2.68	3.52	2.52	1.83	3.20	2.09
MIDDLE ATLANTIC	0.48	1.50	1.07	1.08	1.52	2.05	1.53	1.20	2.44	1.98
EAST NORTH CENTRAL	0.50	1.43	1.27	1.05	1.68	1.62	1.81	1.68	2.12	1.85
WEST NORTH CENTRAL	0.78	1.55	1.87	1.48	3.28	4.12	2.77	2.80	3.87	3.44
SOUTH ATLANTIC	0.47	1.23	1.12	0.94	2.06	1.51	1.55	1.47	2.95	2.39
EAST SOUTH CENTRAL	0.87	2.00	2.07	1.72	3.17	2.61	2.01	3.36	6.46	3.86
WEST SOUTH CENTRAL	0.65	1.52	1.87	1.44	2.48	1.76	2.56	2.02	2.14	3.39
MOUNTAIN	0.87	2.20	2.44	1.47	3.16	2.98	3.46	3.46	3.36	7.11
PACIFIC	0.47	1.09	1.20	0.99	1.62	1.63	2.30	1.54	2.04	2.34
TYPE OF PRACTICE										
SOLO	0.30	0.69	0.72	0.61	1.28	1.05	2.14	0.79	1.67	2.14
NON-SOLO	0.26	0.80	0.65	0.54	0.90	0.93	0.76	0.93	1.13	1.06
LOCATION										
NONMETROPOLITAN	0.64	0.98	1.76	1.37	2.45	2.80	3.14	3.03	4.81	4.15
METROPOLITAN										
LESS THAN 1,000,000	0.30	0.77	0.73	0.57	1.18	1.05	1.03	1.08	1.54	1.47
1,000,000 AND OVER	0.29	0.96	0.68	0.65	0.99	0.99	1.04	0.75	1.18	1.30
EMPLOYMENT STATUS										
SELF-EMPLOYED	0.22	0.57	0.55	0.44	0.80	0.73	0.84	0.75	1.04	1.41
EMPLOYEE	0.39	1.18	0.93	1.07	1.43	2.01	1.35	0.99	1.98	1.23
PHYSICIAN AGE										
LESS THAN 36 YEARS	0.50	1.08	0.98	1.27	1.87	1.77	2.13	1.97	2.74	2.85
36-45 YEARS	0.34	1.10	0.89	0.64	1.25	1.25	1.05	1.07	1.40	1.56
46-55 YEARS	0.40	1.25	1.04	0.74	1.51	1.27	1.41	1.08	1.89	1.32
56-65 YEARS	0.44	0.95	1.07	1.00	1.62	1.62	1.64	1.32	2.08	3.35
66 OR MORE YEARS	0.75	1.50	1.59	1.82	2.45	2.33	3.76	2.12		4.35

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 5. MEAN NUMBER OF HOURS IN PATIENT CARE ACTIVITIES PER WEEK, 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	44.5	47.5	46.5	45.4	44.9	44.5	51.1	51.0	51.0
SPECIALTY									
GENERAL/FAMILY PRACTICE	45.5	49.0	46.5	45.8	45.0	44.5	53.4	53.6	53.5
INTERNAL MEDICINE	46.2	49.2	49.3	47.8	47.2	47.4	52.8	53.1	53.1
SURGERY	46.3	48.9	47.9	48.2	46.9	46.5	51.4	50.3	51.3
PEDIATRICS	44.2	46.1	44.9	44.5	43.5	43.8	51.3	51.0	50.7
OBSTETRICS/GYNECOLOGY	48.1	51.6	49.4	47.3	47.8	45.9	53.5	55.5	54.1
RADIOLOGY	41.4	41.9	44.5	43.9	43.7	41.7	54.0	52.0	50.5
PSYCHIATRY	37.3	41.0	41.3	38.2	39.6	38.8	43.3	43.4	44.6
ANESTHESIOLOGY	44.7	47.2	47.2	46.6	44.5	46.5	54.5	54.6	54.4
CENSUS DIVISION									
NEW ENGLAND	44.3	46.5	45.7	44.2	43.4	42.9	49.7	48.7	49.1
MIDDLE ATLANTIC	41.8	45.5	45.4	43.5	43.9	42.8	49.5	49.9	49.4
EAST NORTH CENTRAL	44.8	47.7	45.9	45.6	43.9	44.1	50.9	51.3	51.2
WEST NORTH CENTRAL	45.6	49.9	48.3	47.3	46.8	48.4	53.2	51.8	51.0
SOUTH ATLANTIC	45.9	48.2	47.8	45.6	46.4	45.1	52.1	50.7	51.6
EAST SOUTH CENTRAL	48.5	52.8	49.5	49.3	47.6	48.6	53.5	54.2	55.5
WEST SOUTH CENTRAL	47.2	49.9	49.4	46.9	46.4	45.8	53.5	54.1	53.9
MOUNTAIN	46.5	48.2	46.4	49.1	46.8	46.7	51.3	51.0	52.0
PACIFIC	43.0	45.7	44.6	44.2	43.3	43.1	48.8	49.5	49.2
TYPE OF PRACTICE									
SOLO	43.3	47.1	45.7	44.2	44.8	43.9	51.1	51.3	51.8
NON-SOLO	46.1	47.9	47.2	47.3	45.0	45.2	51.0	50.7	50.4
LOCATION									
NONMETROPOLITAN	47.9	50.0	48.7	48.4	48.4	48.2	55.4	55.4	56.0
METROPOLITAN									
LESS THAN 1,000,000	45.5	48.8	47.8	47.1	46.0	45.5	51.4	52.0	51.7
1,000,000 AND OVER	42.9	45.7	44.8	43.4	43.2	43.1	49.8	49.0	49.5
PHYSICIAN AGE									
LESS THAN 36 YEARS	44.6	47.7	48.0	46.6	46.9	46.7	52.4	52.8	53.0
36-45 YEARS	45.8	48.7	48.2	47.4	46.8	46.1	52.4	52.2	52.1
46-55 YEARS	47.1	49.8	48.2	47.2	46.6	45.7	51.3	51.4	51.3
56-65 YEARS	44.1	46.1	45.6	44.2	44.4	43.7	50.4	50.0	50.0
66 OR MORE YEARS	36.2	40.2	37.3	35.2	37.4	36.4	45.1	43.5	44.2

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1974-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, INCLUDE RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 5 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS IN PATIENT CARE ACTIVITIES PER WEEK, 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	0.21	0.20	0.21	0.22	0.22	0.21	0.19	0.19	0.20
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.44	0.43	0.45	0.48	0.51	0.47	0.47	0.50	0.52
INTERNAL MEDICINE	0.50	0.46	0.50	0.55	0.53	0.48	0.48	0.48	0.48
SURGERY	0.42	0.40	0.41	0.47	0.48	0.45	0.38	0.37	0.41
PEDIATRICS	0.84	0.70	0.74	0.77	0.76	0.77	0.65	0.70	0.74
OBSTETRICS/GYNECOLOGY	0.78	0.77	0.90	0.85	0.90	0.82	0.73	0.74	0.70
RADIOLOGY	0.73	0.77	0.65	0.62	0.74	0.76	0.88	0.78	0.72
PSYCHIATRY	0.67	0.65	0.67	0.78	0.72	0.67	0.58	0.62	0.61
ANESTHESIOLOGY	0.85	0.83	0.87	0.99	1.07	0.86	0.87	0.87	0.94
CENSUS DIVISION									
NEW ENGLAND	0.80	0.82	0.86	0.85	0.81	0.82	0.79	0.72	0.74
MIDDLE ATLANTIC	0.48	0.46	0.50	0.59	0.57	0.47	0.47	0.49	0.48
EAST NORTH CENTRAL	0.49	0.47	0.48	0.54	0.56	0.53	0.50	0.47	0.50
WEST NORTH CENTRAL	0.78	0.79	0.79	0.80	0.84	0.77	0.70	0.71	0.78
SOUTH ATLANTIC	0.55	0.52	0.55	0.54	0.59	0.50	0.48	0.45	0.47
EAST SOUTH CENTRAL	1.07	1.04	0.94	1.05	0.90	1.01	0.82	0.89	0.87
WEST SOUTH CENTRAL	0.77	0.72	0.69	0.77	0.78	0.73	0.60	0.68	0.65
MOUNTAIN	1.03	0.98	0.88	0.98	0.92	1.05	0.87	0.84	0.87
PACIFIC	0.44	0.44	0.45	0.48	0.48	0.46	0.45	0.44	0.47
TYPE OF PRACTICE									
SOLO	0.28	0.29	0.30	0.31	0.33	0.30	0.29	0.30	0.30
NON-SOLO	0.30	0.27	0.28	0.31	0.30	0.29	0.26	0.25	0.26
LOCATION									
NONMETROPOLITAN	0.64	0.56	0.62	0.68	0.69	0.72	0.62	0.61	0.64
METROPOLITAN									
LESS THAN 1,000,000	0.33	0.32	0.32	0.35	0.35	0.33	0.30	0.29	0.30
1,000,000 AND OVER	0.29	0.29	0.29	0.31	0.32	0.29	0.28	0.28	0.29
PHYSICIAN AGE									
LESS THAN 36 YEARS	0.90	0.60	0.69	0.55	0.73	0.56	0.56	0.48	0.50
36-45 YEARS	0.37	0.34	0.36	0.40	0.42	0.39	0.33	0.33	0.34
46-55 YEARS	0.36	0.35	0.36	0.39	0.39	0.39	0.37	0.39	0.40
56-65 YEARS	0.42	0.44	0.43	0.51	0.45	0.43	0.44	0.44	0.44
66 OR MORE YEARS	0.62	0.70	0.65	0.78	0.63	0.66	0.64	0.67	0.75

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1974-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, INCLUDE RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 6. MEAN NUMBER OF HOURS IN DIRECT PATIENT CARE ACTIVITIES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	47.5	49.2	47.3	48.1	44.9	49.7
CENSUS DIVISION						
NEW ENGLAND	45.4	44.3	46.1	46.9	42.2	46.3
MIDDLE ATLANTIC	45.6	43.4	47.3	47.0	41.0	49.7
EAST NORTH CENTRAL	47.1	49.7	46.2	47.9	43.2	49.0
WEST NORTH CENTRAL	48.1	53.4	47.4	46.5	45.6	50.7
SOUTH ATLANTIC	48.0	49.5	47.6	48.5	45.6	50.0
EAST SOUTH CENTRAL	52.7	54.6	49.3	53.4	51.8	51.3
WEST SOUTH CENTRAL	50.5	53.6	50.9	49.9	48.3	49.7
MOUNTAIN	48.2	51.9	47.7	47.4	46.4	52.2
PACIFIC	45.4	44.4	45.9	46.7	46.2	49.6
TYPE OF PRACTICE						
SOLO	48.1	49.1	48.5	48.3	46.1	49.4
NON-SOLO	46.9	49.4	46.3	47.8	44.3	50.1
LOCATION						
NONMETROPOLITAN	51.8	53.7	51.7	50.0	48.7	55.9
METROPOLITAN						
LESS THAN 1,000,000	47.7	48.1	47.5	49.0	46.8	48.5
1,000,000 AND OVER	45.4	45.4	46.3	46.4	42.7	48.8
EMPLOYMENT STATUS						
SELF-EMPLOYED	48.9	50.5	49.1	48.5	47.7	50.7
EMPLOYEE	42.3	44.3	42.2	45.4	38.3	43.6
PHYSICIAN AGE						
LESS THAN 36 YEARS	49.1	51.0	49.1	50.6	46.7	51.8
36-45 YEARS	48.7	50.7	49.4	49.7	44.6	52.4
46-55 YEARS	48.1	52.4	45.8	48.7	45.2	48.8
56-65 YEARS	46.2	48.6	44.5	46.0	44.7	49.3
66 OR MORE YEARS	40.6	42.2	41.7	39.9	39.3	39.5

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 6 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS IN DIRECT PATIENT CARE ACTIVITIES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.21	0.49	0.45	0.39	0.68	0.66
CENSUS DIVISION						
NEW ENGLAND	0.83	2.20	1.52	1.41	2.43	2.85
MIDDLE ATLANTIC	0.53	1.38	0.99	1.03	1.46	1.93
EAST NORTH CENTRAL	0.54	1.30	1.22	1.01	1.46	1.60
WEST NORTH CENTRAL	0.81	1.43	1.75	1.36	3.01	3.37
SOUTH ATLANTIC	0.51	1.21	1.07	0.91	1.95	1.47
EAST SOUTH CENTRAL	0.89	1.88	1.93	1.54	2.71	2.59
WEST SOUTH CENTRAL	0.70	1.47	1.62	1.40	2.25	1.66
MOUNTAIN	0.90	2.07	2.23	1.39	2.96	2.60
PACIFIC	0.50	1.06	1.12	0.95	1.53	1.54
TYPE OF PRACTICE						
SOLO	0.32	0.65	0.66	0.58	1.19	0.99
NON-SOLO	0.29	0.77	0.62	0.52	0.83	0.87
LOCATION						
NONMETROPOLITAN	0.49	0.80	1.23	0.87	2.23	1.78
METROPOLITAN						
LESS THAN 1,000,000	0.35	0.81	0.72	0.61	1.12	1.08
1,000,000 AND OVER	0.32	0.91	0.64	0.62	0.91	0.90
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.24	0.54	0.51	0.42	0.75	0.69
EMPLOYEE	0.46	1.14	0.90	1.02	1.33	1.90
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.52	1.04	0.93	1.22	1.79	1.70
36-45 YEARS	0.37	1.05	0.83	0.61	1.14	1.16
46-55 YEARS	0.44	1.17	0.96	0.71	1.40	1.20
56-65 YEARS	0.47	0.90	1.02	0.94	1.49	1.51
66 OR MORE YEARS	0.76	1.37	1.43	1.71	1.93	2.17

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 7 MEAN NUMBER OF OFFICE HOURS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	25.0	32.1	24.0	21.3	29.8	25.8
CENSUS DIVISION						
NEW ENGLAND	24.2	27.8	25.8	20.1	30.1	22.2
MIDDLE ATLANTIC	22.5	30.2	22.6	19.6	25.3	22.3
EAST NORTH CENTRAL	23.3	31.2	21.4	19.8	28.9	25.2
WEST NORTH CENTRAL	25.3	32.3	22.7	20.9	29.0	24.0
SOUTH ATLANTIC	26.2	33.3	24.4	21.2	33.4	27.1
EAST SOUTH CENTRAL	27.3	33.3	27.9	22.1	35.3	26.0
WEST SOUTH CENTRAL	26.3	34.3	26.2	22.7	27.1	28.4
MOUNTAIN	26.5	34.7	26.8	22.1	28.6	29.3
PACIFIC	25.9	30.8	25.1	23.4	32.4	27.3
TYPE OF PRACTICE						
SOLO	27.3	32.6	27.0	22.3	32.3	26.6
NON-SOLO	22.9	31.5	21.6	20.2	28.7	25.0
LOCATION						
NONMETROPOLITAN	28.1	33.2	28.3	23.0	32.0	29.5
METROPOLITAN						
LESS THAN 1,000,000	24.4	31.2	24.2	20.6	30.2	24.6
1,000,000 AND OVER	24.1	31.7	23.1	21.1	29.2	25.6
EMPLOYMENT STATUS						
SELF-EMPLOYED	26.7	33.1	26.0	21.9	34.2	26.7
EMPLOYEE	18.9	28.2	18.2	17.4	19.9	20.3
PHYSICIAN AGE						
LESS THAN 36 YEARS	24.3	32.0	23.2	22.7	27.3	27.4
36-45 YEARS	23.5	33.3	22.7	21.0	28.3	25.4
46-55 YEARS	25.7	33.7	24.3	21.5	31.0	24.9
56-65 YEARS	27.2	32.8	27.1	20.6	33.8	26.4
66 OR MORE YEARS	25.4	27.5	25.6	21.4	32.2	26.3

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 7 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF OFFICE HOURS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.18	0.33	0.36	0.29	0.63	0.42
CENSUS DIVISION						
NEW ENGLAND	0.74	1.96	1.45	1.04	2.28	1.15
MIDDLE ATLANTIC	0.43	1.04	0.75	0.75	1.68	0.97
EAST NORTH CENTRAL	0.45	0.80	0.89	0.74	1.57	1.06
WEST NORTH CENTRAL	0.69	0.87	1.49	1.17	2.78	2.07
SOUTH ATLANTIC	0.42	0.82	0.89	0.67	1.31	0.86
EAST SOUTH CENTRAL	0.76	1.14	1.64	1.23	1.96	2.21
WEST SOUTH CENTRAL	0.58	0.95	1.24	0.92	2.19	1.20
MOUNTAIN	0.85	1.32	1.98	1.27	3.64	1.93
PACIFIC	0.43	0.80	0.90	0.73	1.37	0.97
TYPE OF PRACTICE						
SOLO	0.23	0.39	0.45	0.39	0.84	0.53
NON-SOLO	0.27	0.56	0.53	0.43	0.84	0.63
LOCATION						
NONMETROPOLITAN	0.38	0.48	1.02	0.62	1.48	1.07
METROPOLITAN						
LESS THAN 1,000,000	0.30	0.58	0.61	0.47	1.04	0.67
1,000,000 AND OVER	0.27	0.64	0.50	0.46	0.92	0.60
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.19	0.33	0.36	0.30	0.60	0.40
EMPLOYEE	0.45	0.93	0.88	0.91	1.29	1.57
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.48	0.80	0.79	1.00	1.58	1.51
36-45 YEARS	0.32	0.73	0.60	0.49	1.12	0.72
46-55 YEARS	0.37	0.73	0.85	0.55	1.29	0.77
56-65 YEARS	0.39	0.62	0.85	0.69	1.30	0.84
66 OR MORE YEARS	0.50	0.79	1.30	0.98	1.63	1.34

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 8. MEAN NUMBER OF OFFICE HOURS PER WEEK, 1974-76, 1978-80, 1982-84*

	1974	1975	1976.	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	28.8	29.5	29.8	31.0	28.4	28.2	26.5	26.0	25.0
SPECIALTY									
GENERAL/FAMILY PRACTICE	33.2	34.4	34.9	36.0	33.5	33.8	33.2	32.7	32.1
INTERNAL MEDICINE	29.0	30.1	29.9	30.9	28.1	27.9	26.2	25.0	24.0
SURGERY	22.5	22.8	23.7	25.3	22.7	22.4	22.1	21.5	21.3
PEDIATRICS	35.7	35.5	36.0	37.4	34.9	35.1	32.1	31.5	29.8
OBSTETRICS/GYNECOLOGY	28.4	28.3	28.7	30.7	29.3	29.0	26.9	27.4	25.8
CENSUS DIVISION									
NEW ENGLAND	26.8	27.7	27.6	29.1	26.3	27.2	25.7	24.9	24.2
MIDDLE ATLANTIC	27.4	27.7	27.4	28.6	26.6	25.8	24.3	23.8	22.5
EAST NORTH CENTRAL	27.0	28.3	28.7	29.4	26.4	27.0	24.9	24.6	23.3
WEST NORTH CENTRAL	27.6	29.1	29.9	30.2	28.3	28.4	26.6	26.6	25.3
SOUTH ATLANTIC	31.2	30.3	31.5	32.5	29.8	28.8	27.1	26.4	26.2
EAST SOUTH CENTRAL	31.4	33.0	30.8	33.6	29.6	29.7	28.2	28.8	27.3
WEST SOUTH CENTRAL	31.2	31.5	31.8	32.6	30.3	31.3	28.7	27.8	26.3
MOUNTAIN	29.8	29.3	30.2	32.0	28.8	28.9	26.5	26.6	26.5
PACIFIC	29.4	30.5	31.6	32.9	29.9	29.0	27.5	27.2	25.9
TYPE OF PRACTICE									
SOLO	29.0	29.7	30.3	30.9	29.0	28.8	28.3	28.0	27.3
NON-SOLO	28.5	29.2	29.3	31.0	27.7	27.5	24.8	24.3	22.9
LOCATION									
NONMETROPOLITAN	31.5	32.3	33.4	33.8	31.3	31.2	30.4	29.9	29.3
METROPOLITAN									
LESS THAN 1,000,000	28.8	29.6	29.8	31.3	28.4	28.5	26.6	26.5	24.8
1,000,000 AND OVER	28.1	28.5	29.1	30.0	27.6	27.2	25.4	24.5	24.1
PHYSICIAN AGE									
LESS THAN 36 YEARS	28.4	30.7	30.0	29.8	29.3	28.4	24.8	24.5	24.3
36-45 YEARS	27.8	28.3	29.4	30.1	27.4	27.1	24.9	24.8	23.5
46-55 YEARS	30.4	30.8	30.8	32.9	28.9	28.8	27.4	27.0	25.7
56-65 YEARS	29.5	29.6	30.3	31.6	29.1	29.1	28.5	28.1	27.2
66 OR MORE YEARS	26.5	28.0	27.7	28.5	27.5	27.2	27.4	26.4	25.4

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES EXCLUDING PSYCHIATRY, RADIOLOGY, ANESTHESIOLOGY AND PATHOLOGY. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 8 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF OFFICE HOURS PER WEEK, 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	0.20	0.19	0.20	0.24	0.21	0.19	0.18	0.18	0.18
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.34	0.32	0.36	0.42	0.38	0.33	0.30	0.33	0.33
INTERNAL MEDICINE	0.41	0.36	0.41	0.52	0.40	0.38	0.37	0.36	0.36
SURGERY	0.34	0.31	0.34	0.46	0.37	0.34	0.28	0.28	0.29
PEDIATRICS	0.72	0.62	0.65	0.84	0.67	0.65	0.58	0.58	0.63
OBSTETRICS/GYNECOLOGY	0.48	0.46	0.55	0.66	0.53	0.48	0.41	0.39	0.42
CENSUS DIVISION									
NEW ENGLAND	0.83	0.72	0.78	0.94	0.88	0.80	0.76	0.71	0.74
MIDDLE ATLANTIC	0.45	0.45	0.46	0.63	0.50	0.48	0.43	0.46	0.43
EAST NORTH CENTRAL	0.46	0.44	0.47	0.57	0.48	0.46	0.44	0.43	0.45
WEST NORTH CENTRAL	0.69	0.67	0.72	0.85	0.78	0.67	0.66	0.64	0.69
SOUTH ATLANTIC	0.55	0.52	0.56	0.62	0.53	0.48	0.44	0.42	0.42
EAST SOUTH CENTRAL	1.05	0.90	0.98	1.25	0.85	0.97	0.67	0.77	0.76
WEST SOUTH CENTRAL	0.67	0.65	0.71	0.81	0.72	0.67	0.53	0.58	0.58
MOUNTAIN	0.98	0.84	0.83	1.07	0.86	0.88	0.87	0.83	0.85
PACIFIC	0.43	0.41	0.46	0.51	0.47	0.43	0.40	0.42	0.43
TYPE OF PRACTICE									
SOLO	0.26	0.26	0.27	0.31	0.28	0.25	0.24	0.24	0.23
NON-SOLO	0.30	0.27	0.30	0.38	0.31	0.29	0.25	0.26	0.27
LOCATION									
NONMETROPOLITAN	0.54	0.46	0.56	0.67	0.57	0.55	0.49	0.47	0.47
METROPOLITAN									
LESS THAN 1,000,000	0.31	0.29	0.31	0.39	0.32	0.30	0.27	0.27	0.27
1,000,000 AND OVER	0.29	0.28	0.29	0.34	0.30	0.28	0.26	0.26	0.27
PHYSICIAN AGE									
LESS THAN 36 YEARS	0.91	0.66	0.78	0.68	0.74	0.57	0.51	0.48	0.48
36-45 YEARS	0.38	0.34	0.38	0.46	0.41	0.38	0.32	0.32	0.32
46-55 YEARS	0.37	0.34	0.39	0.44	0.40	0.38	0.36	0.36	0.37
56-65 YEARS	0.39	0.39	0.39	0.54	0.42	0.40	0.37	0.38	0.39
66 OR MORE YEARS	0.51	0.54	0.51	0.74	0.50	0.51	0.49	0.52	0.50

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 9. MEAN NUMBER OF HOURS ON HOSPITAL ROUNDS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	8.4	7.1	13.8	7.9	7.4	6.2
CENSUS DIVISION						
NEW ENGLAND	7.6	5.6	11.8	8.3	5.5	4.2
MIDDLE ATLANTIC	9.2	5.5	14.2	8.2	7.2	6.2
EAST NORTH CENTRAL	8.9	8.6	14.3	8.1	9.1	6.5
WEST NORTH CENTRAL	8.3	7.6	13.7	7.2	7.8	7.1
SOUTH ATLANTIC	8.5	7.2	15.6	8.6	6.1	5.6
EAST SOUTH CENTRAL	9.3	10.0	14.0	9.6	9.4	6.1
WEST SOUTH CENTRAL	8.9	7.8	15.4	7.9	7.8	6.8
MOUNTAIN	7.4	6.0	11.8	7.4	10.8	6.4
PACIFIC	6.8	5.1	11.4	6.4	6.8	6.4
TYPE OF PRACTICE						
SOLO	8.4	7.3	13.1	8.1	7.1	6.1
NON-SOLO	8.4	6.8	14.4	7.7	7.6	6.2
LOCATION						
NONMETROPOLITAN	8.4	8.0	14.9	8.1	8.2	6.3
METROPOLITAN						
LESS THAN 1,000,000	8.8	7.5	14.6	8.3	8.5	6.2
1,000,000 AND OVER	8.1	5.8	13.1	7.5	6.6	6.1
EMPLOYMENT STATUS						
SELF-EMPLOYED	8.7	7.7	14.6	8.0	7.2	6.3
EMPLOYEE	7.2	4.9	11.5	7.5	8.1	5.6
PHYSICIAN AGE						
LESS THAN 36 YEARS	9.0	7.7	14.9	7.6	7.9	6.7
36-45 YEARS	9.5	7.1	16.3	8.3	8.8	6.4
46-55 YEARS	8.1	7.8	13.2	7.9	6.6	6.0
56-65 YEARS	7.4	7.1	9.7	8.3	6.6	6.0
66 OR MORE YEARS	5.9	5.4	9.1	6.2	3.6	5.2

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 9 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS ON HOSPITAL ROUNDS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.11	0.19	0.32	0.18	0.32	0.17
CENSUS DIVISION						
NEW ENGLAND	0.42	0.96	1.04	0.68	0.61	0.41
MIDDLE ATLANTIC	0.31	0.59	0.69	0.44	0.72	0.47
EAST NORTH CENTRAL	0.28	0.51	0.77	0.46	0.96	0.41
WEST NORTH CENTRAL	0.41	0.49	1.31	0.59	1.58	0.69
SOUTH ATLANTIC	0.28	0.49	0.87	0.47	0.65	0.38
EAST SOUTH CENTRAL	0.43	0.77	1.53	0.71	1.10	0.54
WEST SOUTH CENTRAL	0.35	0.49	1.14	0.53	0.87	0.47
MOUNTAIN	0.41	0.65	1.03	0.58	2.61	0.89
PACIFIC	0.25	0.38	0.77	0.40	0.75	0.53
TYPE OF PRACTICE						
SOLO	0.16	0.26	0.44	0.26	0.49	0.26
NON-SOLO	0.16	0.27	0.45	0.23	0.41	0.23
LOCATION						
NONMETROPOLITAN	0.22	0.31	0.86	0.36	0.75	0.42
METROPOLITAN						
LESS THAN 1,000,000	0.20	0.36	0.57	0.29	0.61	0.28
1,000,000 AND OVER	0.17	0.31	0.43	0.27	0.41	0.26
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.12	0.21	0.36	0.19	0.32	0.19
EMPLOYEE	0.25	0.37	0.64	0.46	0.76	0.51
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.30	0.44	0.68	0.63	0.77	0.60
36-45 YEARS	0.22	0.39	0.59	0.28	0.66	0.31
46-55 YEARS	0.22	0.44	0.69	0.34	0.50	0.32
56-65 YEARS	0.21	0.38	0.60	0.42	0.55	0.36
66 OR MORE YEARS	0.27	0.44	0.82	0.51	0.64	0.62

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 10. MEAN NUMBER OF HOURS ON HOSPITAL ROUNDS PER WEEK, 1974-76, 1982-84*

	1974	1975	1976	1982**	1983**	1984**
ALL PHYSICIANS	10.1	10.6	13.3	9.5	9.5	8.4
SPECIALTY						
GENERAL/FAMILY PRACTICE	8.7	9.1	10.6	8.4	8.4	7.1
INTERNAL MEDICINE	14.6	15.3	17.0	15.3	15.9	13.8
SURGERY	10.9	11.1	15.7	9.6	9.0	7.9
PEDIATRICS	7.4	8.3	8.5	8.5	8.4	7.4
OBSTETRICS/GYNECOLOGY	7.4	8.4	12.7	6.3	6.5	6.2
CENSUS DIVISION						
NEW ENGLAND	9.9	11.1	13.7	8.8	9.1	7.6
MIDDLE ATLANTIC	9.5	10.5	14.4	9.5	10.0	9.2
EAST NORTH CENTRAL	11.4	11.5	14.7	10.7	11.0	8.9
WEST NORTH CENTRAL	11.1	12.5	14.5	10.7	9.9	8.3
SOUTH ATLANTIC	10.0	10.2	12.7	9.6	9.1	8.5
EAST SOUTH CENTRAL	11.3	11.5	15.6	10.3	10.2	9.3
WEST SOUTH CENTRAL	10.9	11.0	13.3	9.9	9.8	8.9
MOUNTAIN	9.9	10.5	12.6	8.7	8.3	7.4
PACIFIC	8.4	8.9	10.4	7.5	7.4	6.8
TYPE OF PRACTICE						
SOLO	9.7	10.2	12.9	9.5	9.4	8.4
NON-SOLO	10.5	10.9	13.8	9.5	9.6	8.4
LOCATION						
NONMETROPOLITAN	10.2	10.4	12.9	9.8	10.1	8.6
METROPOLITAN						
LESS THAN 1,000,000	10.7	11.0	13.9	9.7	9.6	8.7
1,000,000 AND OVER	9.5	10.2	12.9	9.1	9.1	8.1
PHYSICIAN AGE						
LESS THAN 36 YEARS	10.8	11.2	13.0	10.6	11.0	9.0
36-45 YEARS	11.7	11.6	14.7	10.2	10.3	9.5
46-55 YEARS	10.6	11.2	14.2	9.3	9.1	8.1
56-65 YEARS	9.3	10.2	12.4	9.0	8.7	7.4
66 OR MORE YEARS	7.0	6.8	9.7	7.1	6.4	5.9

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1974-76, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 10 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS ON HOSPITAL ROUNDS PER WEEK, 1974-76, 1982-84*

	1974	1975	1976	1982**	1983**	1984**
ALL PHYSICIANS	0.14	0.14	0.19	0.12	0.12	0.11
SPECIALTY						
GENERAL/FAMILY PRACTICE	0.22	0.22	0.30	0.19	0.20	0.19
INTERNAL MEDICINE	0.39	0.38	0.41	0.34	0.35	0.32
SURGERY	0.26	0.25	0.38	0.19	0.18	0.18
PEDIATRICS	0.33	0.35	0.43	0.30	0.39	0.32
OBSTETRICS/GYNECOLOGY	0.23	0.29	0.60	0.20	0.19	0.17
CENSUS DIVISION						
NEW ENGLAND	0.61	0.61	0.79	0.49	0.47	0.42
MIDDLE ATLANTIC	0.33	0.34	0.47	0.30	0.32	0.31
EAST NORTH CENTRAL	0.33	0.34	0.43	0.32	0.34	0.28
WEST NORTH CENTRAL	0.52	0.56	0.64	0.43	0.43	0.41
SOUTH ATLANTIC	0.37	0.36	0.48	0 31	0.28	0.28
EAST SOUTH CENTRAL	0.70	0.74	1.14	0.42	0.47	0.43
WEST SOUTH CENTRAL	0.49	0.46	0.61	0.37	0.38	0.35
MOUNTAIN	0.58	0.63	0.85	0.49	0.60	0.41
PACIFIC	0.31	0.31	0.37	0.26	0.27	0.25
TYPE OF PRACTICE						
SOLO	0.19	0.19	0.25	0.17	0.17	0.16
NON-SOLO	0.21	0.20	0.28	0.16	0.18	0.16
LOCATION						
NONMETROPOLITAN	0.36	0.30	0.56	0.30	0.30	0.28
METROPOLITAN						
LESS THAN 1,000,000	0.23	0.24	0.30	0.18	0.19	0.17
1,000,000 AND OVER	0.20	0.21	0.26	0.18	0.19	0.17
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.74	0.50	0.68	0.36	0.37	0.30
36-45 YEARS	0.29	0.27	0.36	0.23	0.23	0.22
46-55 YEARS	0.26	0.25	0.35	0.22	0.23	0.22
56-65 YEARS	0.25	0.30	0.38	0.23	0.23	0.21
66 OR MORE YEARS	0.32	0.33	0.43	0.30	0.30	0.27

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1974-76, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 11. MEAN NUMBER OF HOURS IN SURGERY PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	5.8	2.2	1.1	13.3	1.1	13.9
CENSUS DIVISION						
NEW ENGLAND	5.2	0.9	0.7	12.5	0.5	16.0
MIDDLE ATLANTIC	5.4	0.4	1.0	13.1	1.1	16.5
EAST NORTH CENTRAL	6.4	2.8	1.4	14.3	1.2	14.1
WEST NORTH CENTRAL	6.5	4.2	2.7	14.2	1.2	16.1
SOUTH ATLANTIC	5.6	1.3	0.9	13.0	1.2	13.1
EAST SOUTH CENTRAL	6.4	1.2	1.6	15.0	0.7	13.8
WEST SOUTH CENTRAL	6.0	2.5	0.7	13.9	1.3	11.4
MOUNTAIN	5.8	3.0	0.8	12.6	0.9	13.3
PACIFIC	5.3	2.8	0.6	11.9	1.2	12.5
TYPE OF PRACTICE						
SOLO	5.8	1.9	0.8	12.5	1.1	13.3
NON-SOLO	5.8	2.6	1.3	14.2	1.1	14.5
LOCATION						
NONMETROPOLITAN	6.0	2.8	0.8	12.8	1.7	16.3
METROPOLITAN						
LESS THAN 1,000,000	6.3	1.8	1.3	14.4	1.1	13.3
1,000,000 AND OVER	5.3	1.8	1.0	12.6	0.9	13.7
EMPLOYMENT STATUS						
SELF-EMPLOYED	6.3	2.3	1.0	13.2	1.1	14.3
EMPLOYEE	3.9	1.9	1.3	13.6	1.1	11.4
PHYSICIAN AGE						
LESS THAN 36 YEARS	4.2	3.0	1.2	13.4	1.5	13.4
36-45 YEARS	6.8	2.4	1.5	14.4	1.3	15.9
46-55 YEARS	6.8	2.1	1.0	13.9	1.0	13.7
56-65 YEARS	5.5	2.2	0.4	12.5	0.6	14.2
66 OR MORE YEARS	3.1	1.3	0.2	7.7	0.5	6.9

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 11 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF HOURS IN SURGERY PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.11	0.12	0.13	0.23	0.11	0.38
CENSUS DIVISION						
NEW ENGLAND	0.44	0.32	0.33	0.81	0.21	1.74
MIDDLE ATLANTIC	0.29	0.15	0.29	0.59	0.25	1.13
EAST NORTH CENTRAL	0.30	0.35	0.36	0.63	0.28	1.00
WEST NORTH CENTRAL	0.46	0.61	0.99	0.95	0.48	1.60
SOUTH ATLANTIC	0.26	0.26	0.22	0.48	0.40	0.81
EAST SOUTH CENTRAL	0.47	0.26	0.62	0.83	0.26	1.46
WEST SOUTH CENTRAL	0.36	0.31	0.33	0.83	0.34	0.89
MOUNTAIN	0.44	0.46	0.47	0.84	0.32	1.35
PACIFIC	0.26	0.29	0.26	0.57	0.20	0.87
TYPE OF PRACTICE						
SOLO	0.16	0.13	0.13	0.32	0.21	0.57
NON-SOLO	0.16	0.23	0.20	0.32	0.13	0.51
LOCATION						
NONMETROPOLITAN	0.25	0.21	0.22	0.47	0.43	1.12
METROPOLITAN						
LESS THAN 1,000,000	0.20	0.18	0.24	0.38	0.16	0.59
1,000,000 AND OVER	0.16	0.23	0.17	0.36	0.16	0.54
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.13	0.14	0.14	0.24	0.14	0.40
EMPLOYEE	0.22	0.28	0.28	0.69	0.20	1.09
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.23	0.33	0.24	0.73	0.22	0.96
36-45 YEARS	0.22	0.30	0.27	0.37	0.23	0.72
46-55 YEARS	0.25	0.21	0.29	0.45	0.25	0.66
56-65 YEARS	0.25	0.27	0.14	0.51	0.13	0.87
66 OR MORE YEARS	0.25	0.20	0.16	0.71	0.18	0.91

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 12. MEAN NUMBER OF TOTAL PATIENT VISITS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	119.4	143.1	108.4	110.9	126.5	111.8
CENSUS DIVISION						
NEW ENGLAND	108.4	107.7	103.5	103.5	125.7	107.3
MIDDLE ATLANTIC	111.4	119.3	110.6	113.9	114.6	104.0
EAST NORTH CENTRAL	126.5	153.9	111.4	113.7	133.6	117.6
WEST NORTH CENTRAL	127.0	155.1	109.6	119.2	114.3	118.5
SOUTH ATLANTIC	122.9	146.8	108.4	117.5	128.8	108.7
EAST SOUTH CENTRAL	149.8	185.9	138.0	131.8	150.5	128.7
WEST SOUTH CENTRAL	129.7	165.3	110.5	116.3	127.3	127.0
MOUNTAIN	116.9	152.4	108.5	97.7	136.6	108.9
PACIFIC	101.0	107.7	94.9	90.0	124.4	101.9
TYPE OF PRACTICE						
SOLO	115.5	138.8	109.2	102.4	126.2	102.5
NON-SOLO	123.0	148.6	107.8	119.9	126.7	121.1
LOCATION						
NONMETROPOLITAN	143.8	167.7	129.4	125.8	151.9	130.6
METROPOLITAN						
LESS THAN 1,000,000	123.1	144.4	113.3	115.4	133.0	116.2
1,000,000 AND OVER	106.4	115.5	101.1	100.0	116.3	102.8
EMPLOYMENT STATUS						
SELF-EMPLOYED	124.9	150.1	114.3	112.8	140.1	114.6
EMPLOYEE	100.3	116.5	91.4	98.9	94.6	93.3
PHYSICIAN AGE						
LESS THAN 36 YEARS	117.2	137.4	103.2	109.9	121.8	108.5
36-45 YEARS	118.8	149.1	109.8	112.8	125.7	115.6
46-55 YEARS	129.3	162.6	120.3	120.2	136.1	118.4
56-65 YEARS	122.0	146.9	106.0	105.9	128.8	113.3
66 OR MORE YEARS	95.9	110.4	92.4	82.9	101.6	77.8

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 12 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF TOTAL PATIENT VISITS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.89	2.21	1.72	1.54	2.88	2.31
CENSUS DIVISION						
NEW ENGLAND	3.31	9.26	5.33	5.87	10.46	11.44
MIDDLE ATLANTIC	2.10	5.27	3.93	4.21	6.67	6.23
EAST NORTH CENTRAL	2.30	5.63	4.59	3.76	7.80	5.20
WEST NORTH CENTRAL	3.47	6.25	6.94	6.02	9.34	9.01
SOUTH ATLANTIC	2.15	5.50	4.25	3.87	6.73	5.17
EAST SOUTH CENTRAL	4.52	9.97	9.52	7.28	14.23	9.76
WEST SOUTH CENTRAL	3.06	6.95	5.87	5.41	10.38	7.80
MOUNTAIN	3.82	9.31	7.56	4.53	16.69	10.48
PACIFIC	1.71	3.60	3.55	2.65	6.00	4.88
TYPE OF PRACTICE						
SOLO	1.30	3.03	2.67	2.10	4.68	2.95
NON-SOLO	1.22	3.20	2.23	2.23	3.62	3.46
LOCATION						
NONMETROPOLITAN	2.31	4.00	5.60	3.78	10.30	6.56
METROPOLITAN						
LESS THAN 1,000,000	1.49	3.78	2.97	2.49	4.72	3.66
1,000,000 AND OVER	1.19	3.15	2.21	2.20	3.66	3.19
EMPLOYMENT STATUS						
SELF-EMPLOYED	1.02	2.54	2.04	1.69	3.29	2.43
EMPLOYEE	1.76	4.06	2.96	3.67	4.93	6.78
PHYSICIAN AGE						
LESS THAN 36 YEARS	2.07	4.47	3.25	4.50	6.45	6.91
36-45 YEARS	1.50	4.76	3.04	2.46	4.96	3.66
46-55 YEARS	1.94	5.17	4.27	3.02	6.26	4.79
56-65 YEARS	2.19	4.48	4.19	3.91	6.68	4.99
66 OR MORE YEARS	2.74	5.27	5.01	4.59	8.99	6.46

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 13. MEAN NUMBER OF TOTAL PATIENT VISITS PER WEEK, 1975-76, 1978-79, 1982-84*

	1975	1976	1978	1979	1982**	1983**	1984**
GENERAL/FAMILY PRACTICE	177.2	167.8	180.0	157.5	160.6	148.9	143.1
INTERNAL MEDICINE	124.7	124.3	118.6	117.4	118.9	114.5	108.4
SURGERY	119.6	122.2	110.8	115.9	118.8	112.2	110.9
PEDIATRICS	140.2	146.1	148.1	138.9	134.9	134.7	126.5
OBSTETRICS/GYNECOLOGY	131.8	133.2	126.2	125.9	127.8	121.4	111.8
CENSUS DIVISION							
NEW ENGLAND	119.9	117.4	107.6	106.5	124.3	108.6	108.4
MIDDLE ATLANTIC	124.1	125.4	123.0	122.6	122.2	122.7	111.4
EAST NORTH CENTRAL	149.0	154.3	144.3	140.1	135.8	127.0	126.5
WEST NORTH CENTRAL	165.0	154.2	152.0	144.8	143.7	134.0	127.0
SOUTH ATLANTIC	142.2	134.6	134.8	132.0	137.6	126.2	122.9
EAST SOUTH CENTRAL	193.3	178.0	189.5	166.2	156.2	159.3	149.8
WEST SOUTH CENTRAL	157.7	158.8	143.3	140.4	145.6	136.4	129.7
MOUNTAIN	130.1	126.6	134.6	129.3	124.9	119.6	116.9
PACIFIC	119.6	118.5	124.5	112.0	112.4	106.9	101.0
TYPE OF PRACTICE							
SOLO	132.8	133.7	132.7	124.3	126.4	119.9	115.5
NON-SOLO	146.4	141.0	141.3	135.4	136.7	129.5	123.0
LOCATION							
NONMETROPOLITAN	178.4	172.1	178.7	162.7	168.0	157.1	150.5
METROPOLITAN							
LESS THAN 1,000,000	147.3	145.2	141.1	136.4	138.5	133.2	125.1
1,000,000 AND OVER	119.7	121.9	118.5	115.3	116.9	108.6	106.4
PHYSICIAN AGE							
LESS THAN 36 YEARS	133.9	125.3	117.7	122.0	123.6	119.9	117.2
36-45 YEARS	143.0	145.4	135.2	130.3	131.6	125.3	118.8
46-55 YEARS	158.4	150.7	156.3	142.4	140.0	135.8	129.3
56-65 YEARS	134.1	132.6	131.9	133.8	138.4	129.0	122.0
66 OR MORE YEARS	97.5	99.6	107.0	101.8	112.8	98.3	95.9

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES EXCLUDING PSYCHIATRY, RADIOLOGY, ANESTHESIOLOGY AND PATHOLOGY.SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 13 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF TOTAL PATIENT VISITS PER WEEK, 1975-76, 1978-79, 1982-84*

	1975	1976	1978	1979	1982**	1983**	1984**
GENERAL/FAMILY PRACTICE	2.6	2.1	3.1	2.4	2.0	2.0	1.8
INTERNAL MEDICINE	2.2	1.9	2.4	2.1	1.7	1.6	1.5
SURGERY	1.7	1.8	2.4	1.9	1.4	1.4	1.4
PEDIATRICS	3.1	2.7	4.3	2.6	2.3	2.4	2.4
OBSTETRICS/GYNECOLOGY	2.9	2.4	2.9	2.4	2.5	2.2	1.8
CENSUS DIVISION							
NEW ENGLAND	3.5	2.2	3.5	2.7	2.8	2.5	2.6
MIDDLE ATLANTIC	2.4	2.4	3.3	2.5	2.1	2.4	1.9
EAST NORTH CENTRAL	2.8	2.8	3.2	2.8	2.3	2.0	2.0
WEST NORTH CENTRAL	4.5	3.1	4.2	4.7	2.7	2.9	2.7
SOUTH ATLANTIC	2.7	2.5	3.9	2.6	2.2	1.9	1.9
EAST SOUTH CENTRAL	6.3	3.9	5.9	5.6	3.6	4.2	3.7
WEST SOUTH CENTRAL	4.1	2.5	4.3	3.2	2.6	2.6	2.4
MOUNTAIN	3.3	2.8	5.4	3.9	2.9	4.3	2.7
PACIFIC	2.2	1.9	2.8	2.0	1.8	1.6	1.5
TYPE OF PRACTICE							
SOLO	1.5	1.3	1.9	1.4	1.1	1.1	1.0
NON-SOLO	1.5	1.3	1.7	1.5	1.2	1.2	1.0
LOCATION							
NONMETROPOLITAN	3.3	2.7	4.4	3.3	2.6	2.5	2.3
METROPOLITAN							
LESS THAN 1,000,000	1.7	1.5	1.9	1.6	1.3	1.3	1.2
1,000,000 AND OVER	1.5	1.3	1.9	1.5	1.2	1.1	1.0
PHYSICIAN AGE							
LESS THAN 36 YEARS	2.9	2.0	2.6	2.6	1.9	2.0	1.7
36-45 YEARS	2.0	1.8	2.2	1.9	1.4	1.4	1.3
46-55 YEARS	2.1	1.9	2.6	2.1	1.7	1.8	1.6
56-65 YEARS	2.2	1.9	3.1	2.3	2.0	1.9	1.8
66 OR MORE YEARS	2.7	2.3	5.9	2.7	2.7	2.3	2.1

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 14. MEAN NUMBER OF OFFICE VISITS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	74.7	102.2	56.5	68.5	94.9	82.0
CENSUS DIVISION						
NEW ENGLAND	65.2	72.8	55.3	61.9	95.7	73.5
MIDDLE ATLANTIC	64.3	88.3	55.5	66.4	74.2	72.9
EAST NORTH CENTRAL	77.5	106.8	56.0	72.1	102.5	88.1
WEST NORTH CENTRAL	79.4	106.7	57.7	72.2	84.2	83.0
SOUTH ATLANTIC	78.3	105.6	55.3	69.9	105.1	79.3
EAST SOUTH CENTRAL	91.6	127.0	74.9	76.3	114.9	89.5
WEST SOUTH CENTRAL	79.5	114.4	50.1	72.8	86.6	95.1
MOUNTAIN	75.7	111.3	59.8	65.0	88.8	83.0
PACIFIC	70.4	84.6	57.1	61.7	103.1	78.8
TYPE OF PRACTICE						
SOLO	79.0	100.8	63.8	67.1	101.6	78.1
NON-SOLO	70.7	104.1	50.3	70.0	91.6	85.7
LOCATION						
NONMETROPOLITAN	91.7	114.1	71.3	77.3	109.0	96.5
METROPOLITAN						
LESS THAN 1,000,000	75.9	103.5	58.1	71.2	100.0	82.5
1,000,000 AND OVER	66.6	88.2	52.4	62.2	88.2	77.1
EMPLOYMENT STATUS						
SELF-EMPLOYED	82.4	107.8	62.8	71.8	113.2	86.3
EMPLOYEE	47.7	80.8	37.6	48.0	52.8	53.9
PHYSICIAN AGE						
LESS THAN 36 YEARS	64.5	96.1	47.1	70.0	78.2	72.7
36-45 YEARS	70.7	107.6	53.4	68.4	91.6	84.2
46-55 YEARS	83.8	114.2	65.0	74.0	106.7	88.0
56-65 YEARS	83.3	108.2	65.9	65.0	107.1	85.2
66 OR MORE YEARS	66.9	76.7	58.2	56.5	89.5	59.0

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 14 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF OFFICE VISITS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.73	1.63	1.21	1.22	2.65	1.90
CENSUS DIVISION						
NEW ENGLAND	2.74	7.41	3.98	4.20	10.83	9.23
MIDDLE ATLANTIC	1.69	4.55	2.75	3.36	6.11	4.75
EAST NORTH CENTRAL	1.92	4.05	3.20	3.24	7.24	4.67
WEST NORTH CENTRAL	2.71	4.12	5.07	5.30	9.23	8.28
SOUTH ATLANTIC	1.76	4.03	3.10	2.93	5.80	3.87
EAST SOUTH CENTRAL	3.43	7.24	6.21	5.10	11.22	7.04
WEST SOUTH CENTRAL	2.54	5.07	3.38	4.06	9.73	6.98
MOUNTAIN	3.27	6.99	5.50	4.65	12.18	9.53
PACIFIC	1.62	3.18	2.85	2.46	5.72	4.17
TYPE OF PRACTICE						
SOLO	1.03	2.15	1.85	1.70	4.12	2.44
NON-SOLO	1.04	2.49	1.56	1.76	3.37	2.88
LOCATION						
NONMETROPOLITAN	1.72	2.71	3.66	2.80	7.18	4.69
METROPOLITAN						
LESS THAN 1,000,000	1.24	2.99	2.04	2.01	4.53	3.01
1,000,000 AND OVER	1.04	2.62	1.62	1.82	3.61	2.79
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.82	1.79	1.38	1.33	2.93	1.96
EMPLOYEE	1.39	3.52	2.20	2.79	4.08	5.26
PHYSICIAN AGE						
LESS THAN 36 YEARS	1.70	3.56	2.23	3.76	5.64	5.27
36-45 YEARS	1.26	3.59	1.97	1.99	4.50	3.14
46-55 YEARS	1.59	3.63	3.17	2.41	5.82	4.06
56-65 YEARS	1.73	3.22	2.95	2.97	6.19	3.97
66 OR MORE YEARS	2.22	3.81	4.64	3.88	8.79	5.28

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 15. MEAN NUMBER OF OFFICE VISITS PER WEEK, 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	95.0	100.8	97.5	98.5	91.3	88.6	81.9	78.5	74.7
SPECIALTY									
GENERAL/FAMILY PRACTICE	129.0	138.5	129.6	133.2	119.8	116.3	115.2	106.1	102.2
INTERNAL MEDICINE	71.6	79.6	73.3	73.6	69.3	66.1	61.6	59.8	56.5
SURGERY	71.7	74.7	77.2	75.8	75.2	70.0	69.2	67.8	68.5
PEDIATRICS	126.7	123.9	122.7	123.6	116.4	124.8	100.8	102.2	94.9
OBSTETRICS/GYNECOLOGY	95.8	104.2	100.0	102.4	100.2	96.8	93.3	88.6	82.0
CENSUS DIVISION									
NEW ENGLAND	75.6	82.3	81.5	76.5	72.5	76.6	74.5	68.5	65.2
MIDDLE ATLANTIC	81.5	87.9	85.0	87.8	81.7	81.8	73.5	71.5	64.3
EAST NORTH CENTRAL	105.3	108.1	107.4	101.7	95.4	91.3	80.4	77.9	77.5
WEST NORTH CENTRAL	101.0	115.0	105.1	107.1	99.0	95.7	87.9	83.6	79.4
SOUTH ATLANTIC	101.4	103.5	97.2	98.2	91.8	90.1	83.2	80.6	78.3
EAST SOUTH CENTRAL	113.0	136.2	122.9	134.0	119.0	108.8	98.2	95.0	91.6
WEST SOUTH CENTRAL	105.6	111.8	112.6	103.9	97.0	104.4	90.9	84.1	79.5
MOUNTAIN	100.7	92.0	92.5	100.7	93.4	83.8	78.7	76.5	75.7
PACIFIC	87.5	93.1	92.3	97.9	88.7	81.9	79.0	75.2	70.4
TYPE OF PRACTICE									
SOLO	95.8	101.2	97.9	97.2	88.6	88.0	85.1	81.8	79.0
NON-SOLO	93.9	100.3	97.0	100.4	94.2	89.2	79.0	75.5	70.7
LOCATION									
NONMETROPOLITAN	129.3	129.6	126.0	126.7	112.4	109.6	107.9	100.2	96.6
METROPOLITAN									
LESS THAN 1,000,000	97.9	104.0	101.2	100.6	96.1	92.8	84.6	83.8	77.5
1,000,000 AND OVER	83.7	88.8	87.5	89.4	81.9	80.5	73.1	67.6	66.6
PHYSICIAN AGE									
LESS THAN 36 YEARS	76.5	94.4	86.5	88.1	78.8	77.6	65.6	66.3	64.5
36-45 YEARS	95.0	100.8	101.2	99.5	88.8	89.1	76.3	74.5	70.7
46-55 YEARS	107.5	114.6	107.2	111.3	100.0	98.4	89.7	89.1	83.8
56-65 YEARS	97.5	97.7	97.7	98.3	99.3	93.0	93.8	87.6	83.3
66 OR MORE YEARS	73.0	78.7	72.8	71.6	75.2	69.8	80.5	70.0	66.9

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES EXCLUDING PSYCHIATRY, RADIOLOGY, ANESTHESIOLOGY AND PATHOLOGY. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 15 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF OFFICE VISITS PER WEEK, 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	1.14	1.10	1.09	1.26	1.09	0.98	0.81	0.78	0.73
SPECIALTY									
GENERAL/FAMILY PRACTICE	2.37	2.49	2.37	2.74	2.30	2.06	1.89	1.75	1.63
INTERNAL MEDICINE	1.87	1.98	1.64	2.32	1.73	1.38	1.31	1.28	1.21
SURGERY	1.63	1.38	1.42	1.83	1.73	1.37	1.20	1.24	1.22
PEDIATRICS	5.25	3.79	3.91	3.99	3.48	3.47	2.60	2.66	2.65
OBSTETRICS/GYNECOLOGY	2.57	2.75	2.56	3.24	3.79	2.36	2.64	1.99	1.90
CENSUS DIVISION									
NEW ENGLAND	3.60	3.61	3.16	3.44	3.24	3.46	2.97	2.60	2.74
MIDDLE ATLANTIC	2.34	2.22	2.22	2.81	2.28	2.46	1.93	2.02	1.69
EAST NORTH CENTRAL	3.20	2.73	3.28	3.04	2.59	2.68	1.97	1.89	1.92
WEST NORTH CENTRAL	4.21	4.81	3.80	5.14	5.97	3.64	3.12	3.23	2.71
SOUTH ATLANTIC	3.20	2.80	2.79	3.38	2.48	2.34	2.07	1.82	1.76
EAST SOUTH CENTRAL	5.91	6.83	6.10	7.65	6.41	5.04	3.73	3.77	3.43
WEST SOUTH CENTRAL	4.08	4.13	4.07	4.55	3.86	3.67	2.66	2.68	2.54
MOUNTAIN	5.54	4.45	3.98	5.28	4.33	3.62	3.44	3.10	3.27
PACIFIC	2.24	2.43	2.17	2.70	2.44	1.91	1.79	1.63	1.62
TYPE OF PRACTICE									
SOLO	1.55	1.62	1.48	1.71	1.38	1.32	1.13	1.12	1.03
NON-SOLO	1.67	1.45	1.59	1.83	1.71	1.44	1.15	1.07	1.04
LOCATION									
NONMETROPOLITAN	3.69	3.47	3.55	4.54	3.16	3.07	2.86	2.40	2.21
METROPOLITAN									
LESS THAN 1,000,000	1.80	1.68	1.65	1.88	1.68	1.44	1.21	1.20	1.13
1,000,000 AND OVER	1.52	1.48	1.52	1.72	1.57	1.42	1.11	1.08	1.04
PHYSICIAN AGE									
LESS THAN 36 YEARS	4.39	3.25	3.25	3.07	3.04	2.23	1.84	1.78	1.70
36-45 YEARS	2.14	2.09	2.23	2.35	1.86	1.93	1.36	1.31	1.26
46-55 YEARS	2.23	2.15	2.09	2.35	2.04	2.03	1.64	1.77	1.59
56-65 YEARS	2.40	2.15	2.16	2.84	2.81	2.09	1.91	1.85	1.73
66 OR MORE YEARS	2.47	3.03	2.41.	4.18	2.60	2.47	2.81	2.16	2.22

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 16. MEAN NUMBER OF VISITS ON HOSPITAL ROUNDS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	28.1	24.8	38.3	33.7	19.4	23.8
CENSUS DIVISION						
NEW ENGLAND	25.7	17.3	34.0	33.2	16.5	25.1
MIDDLE ATLANTIC	29.2	14.5	37.6	36.0	20.6	23.2
EAST NORTH CENTRAL	29.4	30.4	40.7	33.7	19.2	22.9
WEST NORTH CENTRAL	31.9	31.4	40.8	40.4	17.8	27.6
SOUTH ATLANTIC	29.7	26.5	43.8	37.1	18.2	24.6
EAST SOUTH CENTRAL	38.9	42.7	46.2	46.0	28.7	30.9
WEST SOUTH CENTRAL	31.8	31.0	45.7	34.5	21.4	27.3
MOUNTAIN	23.5	16.9	35.5	26.9	31.1	19.5
PACIFIC	18.5	12.9	27.0	22.5	14.1	19.6
TYPE OF PRACTICE						
SOLO	25.5	23.5	35.0	28.3	16.8	19.9
NON-SOLO	30.4	26.5	41.1	39.6	20.7	27.8
LOCATION						
NONMETROPOLITAN	34.0	33.2	46.2	37.8	30.0	30.3
METROPOLITAN						
LESS THAN 1,000,000	30.6	24.9	42.2	37.1	21.3	27.3
1,000,000 AND OVER	23.7	15.7	34.3	29.0	15.8	19.2
EMPLOYMENT STATUS						
SELF-EMPLOYED	29.4	27.0	40.3	33.3	19.6	24.2
EMPLOYEE	23.4	16.2	32.4	36.5	19.0	21.7
PHYSICIAN AGE						
LESS THAN 36 YEARS	27.7	25.0	39.8	31.3	22.3	25.8
36-45 YEARS	30.9	25.0	43.7	35.4	22.6	25.2
46-55 YEARS	30.3	29.7	40.1	37.0	16.4	24.6
56-65 YEARS	25.5	25.5	29.2	31.5	16.8	22.4
66 OR MORE YEARS	18.7	16.8	23.5	23.3	9.3	16.5

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 16 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF VISITS ON HOSPITAL ROUNDS PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.44	0.87	1.09	0.89	1.08	0.91
CENSUS DIVISION						
NEW ENGLAND	1.57	3.37	3.32	3.55	2.63	3.34
MIDDLE ATLANTIC	1.15	1.78	2.30	2.51	3.03	2.52
EAST NORTH CENTRAL	1.09	2.34	3.05	2.07	2.36	1.70
WEST NORTH CENTRAL	1.71	2.90	4.08	4.14	2.56	4.13
SOUTH ATLANTIC	1.12	2.38	2.84	2.29	2.46	2.23
EAST SOUTH CENTRAL	2.26	4.33	5.88	4.31	5.35	6.59
WEST SOUTH CENTRAL	1.45	2.63	4.18	2.69	4.15	2.68
MOUNTAIN	1.49	1.80	4.06	2.74	9.08	2.81
PACIFIC	0.76	1.05	2.25	1.57	1.73	1.54
TYPE OF PRACTICE						
SOLO	0.58	1.10	1.56	1.08	1.67	1.01
NON-SOLO	0.64	1.39	1.50	1.42	1.38	1.48
LOCATION						
NONMETROPOLITAN	1.06	1.70	3.25	1.95	4.34	2.69
METROPOLITAN						
LESS THAN 1,000,000	0.78	1.54	1.98	1.55	1.92	1.59
1,000,000 AND OVER	0.59	1.00	1.39	1.29	1.21	1.12
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.49	1.01	1.26	0.93	1.18	0.89
EMPLOYEE	0.96	1.50	2.13	2.90	2.35	3.71
PHYSICIAN AGE						
LESS THAN 36 YEARS	1.06	1.70	2.28	2.74	2.95	2.89
36-45 YEARS	0.80	1.75	1.88	1.50	2.01	1.84
46-55 YEARS	0.96	2.16	2.70	1.83	1.79	1.66
56-65 YEARS	0.94	1.84	2.41	1.98	2.17	1.70
66 OR MORE YEARS	1.14	2.06	2.66	2.45	1.95	2.15

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 17. MEAN NUMBER OF VISITS ON HOSPITAL ROUNDS PER WEEK, 1974-76, 1982-84*

	1974	1975	1976	1982**	1983**	1984**
ALL PHYSICIANS	30.9	32.6	35.5	34.1	32.7	28.1
SPECIALTY						
GENERAL/FAMILY PRACTICE	26.8	28.5	29.5	30.6	29.7	24.8
INTERNAL MEDICINE	39.3	40.5	44.5	45.0	44.2	38.3
SURGERY	38.8	40.8	42.1	42.8	39.1	33.7
PEDIATRICS	16.7	17.3	17.2	23.6	24.0	19.4
OBSTETRICS/GYNECOLOGY	26.6	29.0	29.0	27.8	28.0	23.8
CENSUS DIVISION						
NEW ENGLAND	27.9	30.1	31.4	29.1	26.8	25.7
MIDDLE ATLANTIC	25.9	31.1	34.8	33.2	33.9	29.2
EAST NORTH CENTRAL	35.1	35.8	40.7	38.0	35.8	29.4
WEST NORTH CENTRAL	41.5	43.4	44.2	39.4	38.0	31.9
SOUTH ATLANTIC	31.0	33.0	35.5	37.1	31.7	29.7
EAST SOUTH CENTRAL	49.6	44.1	52.1	43.8	49.7	38.9
WEST SOUTH CENTRAL	38.7	40.8	42.5	41.2	39.0	31.8
MOUNTAIN	33.0	32.9	29.0	28.8	25.6	23.5
PACIFIC	20.3	21.2	23.8	20.6	20.9	18.5
TYPE OF PRACTICE						
SOLO	25.8	26.5	30.2	29.9	29.0	25.5
NON-SOLO	37.8	39.3	41.1	37.9	36.0	30.4
LOCATION						
NONMETROPOLITAN	41.8	38.8	39.7	41.6	41.9	35.5
METROPOLITAN						
LESS THAN 1,000,000	35.3	36.4	39.5	36.8	35.4	30.8
1,000,000 AND OVER	24.4	27.1	31.0	29.7	27.7	23.7
PHYSICIAN AGE						
LESS THAN 36 YEARS	25.9	30.9	34.7	34.0	32.2	27.7
36-45 YEARS	35.9	36.4	41.0	36.3	35.8	30.9
46-55 YEARS	35.6	38.1	39.0	37.4	34.3	30.3
56-65 YEARS	29.3	30.5	31.8	33.6	32.1	25.5
66 OR MORE YEARS	16.8	15.7	20.2	21.0	20.3	18.7

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1974-76, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 17 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF VISITS ON HOSPITAL ROUNDS PER WEEK, 1974-76, 1982-84*

	1974	1975	1976	1982**	1983**	1984**
ALL PHYSICIANS	0.60	0.61	0.66	0.55	0.51	0.44
SPECIALTY						
GENERAL/FAMILY PRACTICE	1.01	1.05	1.04	0.99	0.98	0.87
INTERNAL MEDICINE	1.47	1.40	1.40	1.35	1.20	1.09
SURGERY	1.33	1.36	1.43	1.18	1.02	0.89
PEDIATRICS	1.24	1.07	1.11	1.31	1.40	1.08
OBSTETRICS/GYNECOLOGY	1.19	1.50	1.61	1.10	1.34	0.91
CENSUS DIVISION						
NEW ENGLAND	2.14	2.14	2.07	2.07	1.62	1.57
MIDDLE ATLANTIC	1.34	1.49	1.71	1.43	1.43	1.15
EAST NORTH CENTRAL	1.36	1.51	1.58	1.38	1.26	1.09
WEST NORTH CENTRAL	2.52	2.49	2.72	1.90	1.80	1.71
SOUTH ATLANTIC	1.72	1.68	1.78	1.54	1.18	1.12
EAST SOUTH CENTRAL	4.16	3.25	3.52	2.38	2.94	2.26
WEST SOUTH CENTRAL	2.37	2.59	2.43	1.90	1.82	1.45
MOUNTAIN	2.95	2.60	2.04	1.87	1.75	1.49
PACIFIC	0.94	0.96	1.18	0.83	0.79	0.76
TYPE OF PRACTICE						
SOLO	0.69	0.69	0.77	0.71	0.66	0.58
NON-SOLO	1.05	1.01	1.07	0.82	0.76	0.64
LOCATION						
NONMETROPOLITAN	2.20	1.72	1.98	1.66	1.68	1.39
METROPOLITAN						
LESS THAN 1,000,000	1.02	1.04	1.12	0.89	0.82	0.70
1,000,000 AND OVER	0.71	0.79	0.86	0.75	0.68	0.59
PHYSICIAN AGE						
LESS THAN 36 YEARS	2.11	1.91	2.11	1.39	1.18	1.06
36-45 YEARS	1.21	1.18	1.36	0.97	0.92	0.80
46-55 YEARS	1.22	1.24	1.28	1.22	1.13	0.96
56-65 YEARS	1.16	1.26	1.22	1.26	1.18	0.94
66 OR MORE YEARS	1.21	1.13	1.41	1.14	1.29	1.14

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1974-76, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 18. MEAN NUMBER OF SURGICAL PROCEDURES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	3.2	1.2	0.8	7.3	0.7	7.4
CENSUS DIVISION						
NEW ENGLAND	3.0	0.4	0.4	7.5	0.6	8.1
MIDDLE ATLANTIC	2.8	0.2	0.6	6.8	0.5	7.3
EAST NORTH CENTRAL	3.7	1.7	1.0	8.1	0.7	7.7
WEST NORTH CENTRAL	3.8	2.0	2.4	8.6	0.8	8.0
SOUTH ATLANTIC	3.2	0.6	0.6	7.6	0.6	6.9
EAST SOUTH CENTRAL	4.0	0.6	2.4	8.7	0.6	8.6
WEST SOUTH CENTRAL	3.5	1.6	0.5	7.5	1.1	7.3
MOUNTAIN	3.5	1.9	0.4	7.3	1.4	7.7
PACIFIC	2.7	1.2	0.3	5.7	0.9	7.2
TYPE OF PRACTICE						
SOLO	3.1	1.0	0.6	6.6	0.6	6.7
NON-SOLO	3.4	1.4	0.9	8.2	0.8	8.1
LOCATION						
NONMETROPOLITAN	3.7	1.6	0.5	8.2	1.3	9.2
METROPOLITAN						
LESS THAN 1,000,000	3.6	1.0	1.1	8.0	0.9	7.5
1,000,000 AND OVER	2.8	0.9	0.6	6.4	0.4	6.8
EMPLOYMENT STATUS						
SELF-EMPLOYED	3.5	1.2	0.7	7.4	0.8	7.6
EMPLOYEE	2.2	0.9	1.1	7.2	0.7	6.2
PHYSICIAN AGE						
LESS THAN 36 YEARS	2.5	1.5	0.8	7.6	1.4	7.6
36-45 YEARS	3.7	1.2	1.1	7.6	0.7	8.2
46-55 YEARS	3.9	1.2	0.8	7.9	0.6	7.7
56-65 YEARS	3.0	1.2	0.3	7.2	0.3	7.3
66 OR MORE YEARS	1.7	0.6	0.0	4.2	0.4	3.7

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 18 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF SURGICAL PROCEDURES PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.07	0.06	0.11	0.13	0.07	0.18
CENSUS DIVISION						
NEW ENGLAND	0.27	0.16	0.17	0.60	0.29	0.97
MIDDLE ATLANTIC	0.19	0.07	0.15	0.29	0.12	0.40
EAST NORTH CENTRAL	0.17	0.24	0.25	0.35	0.18	0.45
WEST NORTH CENTRAL	0.28	0.21	0.86	0.57	0.23	0.56
SOUTH ATLANTIC	0.16	0.11	0.16	0.38	0.12	0.41
EAST SOUTH CENTRAL	0.37	0.14	1.72	0.48	0.17	0.78
WEST SOUTH CENTRAL	0.20	0.20	0.22	0.44	0.24	0.54
MOUNTAIN	0.27	0.39	0.21	0.50	0.58	0.82
PACIFIC	0.13	0.11	0.09	0.24	0.19	0.55
TYPE OF PRACTICE						
SOLO	0.09	0.08	0.11	0.17	0.08	0.26
NON-SOLO	0.10	0.11	0.18	0.20	0.09	0.26
LOCATION						
NONMETROPOLITAN	0.15	0.11	0.14	0.35	0.22	0.43
METROPOLITAN						
LESS THAN 1,000,000	0.12	0.12	0.27	0.23	0.14	0.28
1,000,000 AND OVER	0.10	0.11	0.10	0.18	0.07	0.28
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.08	0.07	0.09	0.14	0.08	0.19
EMPLOYEE	0.14	0.15	0.34	0.38	0.13	0.61
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.14	0.19	0.17	0.51	0.23	0.51
36-45 YEARS	0.14	0.13	0.25	0.20	0.11	0.30
46-55 YEARS	0.15	0.11	0.26	0.27	0.11	0.37
56-65 YEARS	0.14	0.15	0.10	0.31	0.09	0.41
66 OR MORE YEARS	0.14	0.10	0.04	0.39	0.16	0.45

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 19. MEAN PATIENT CARE ACTIVITIES PER WEEK: PSYCHIATRY, 1984*

	SESSIONS WITH INDIVIDUAL PATIENTS		SESSIONS WITH FAMILY AND NON-FAMILY GROUPS	
	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	33.0	38.1	5.0	5.1
CENSUS DIVISION				
NEW ENGLAND	30.1	30.0	3.9	5.5
MIDDLE ATLANTIC	33.1	36.0	4.3	4.0
EAST NORTH CENTRAL	36.1	40.9	5.8	4.7
WEST NORTH CENTRAL	29.7	36.6	8.5	8.1
SOUTH ATLANTIC	33.0	41.2	5.8	5.4
EAST SOUTH CENTRAL	32.8	53.2	5.0	8.6
WEST SOUTH CENTRAL	35.7	44.0	4.5	4.6
MOUNTAIN	31.6	29.8	5.3	4.1
PACIFIC	32.5	37.1	3.8	5.3
TYPE OF PRACTICE				
SOLO	35.2	39.6	5.2	4.8
NON-SOLO	29.3	35.6	4.7	5.7
LOCATION				
NONMETROPOLITAN	31.8	41.0	4.2	6.6
METROPOLITAN				
LESS THAN 1,000,000	31.9	41.4	5.8	6.1
1,000,000 AND OVER	33.7	35.9	4.7	4.4
EMPLOYMENT STATUS				
SELF-EMPLOYED	35.6	40.8	4.8	4.5
EMPLOYEE	27.4	32.4	5.5	6.4
PHYSICIAN AGE				
LESS THAN 36 YEARS	32.5	39.7	4.3	4.7
36-45 YEARS	32.8	38.0	5.7	6.6
46-55 YEARS	34.4	40.9	5.3	5.4
56-65 YEARS	33.4	36.7	4.7	4.0
66 OR MORE YEARS	28.5	31.0	2.7	1.8

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 19 (CONTINUED). STANDARD ERROR OF MEAN PATIENT CARE ACTIVITIES PER WEEK: PSYCHIATRY, 1984*

	SESSIONS WITH INDIVIDUAL PATIENTS		SESSIONS WITH FAMILY AND NON-FAMILY GROUPS	
	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	0.56	0.98	0.37	0.43
CENSUS DIVISION				
NEW ENGLAND	1.67	2.10	0.69	1.56
MIDDLE ATLANTIC	1.15	1.65	0.61	0.63
EAST NORTH CENTRAL	1.40	2.57	1.08	1.04
WEST NORTH CENTRAL	2.74	5.15	2.89	2.70
SOUTH ATLANTIC	1.32	2.79	0.96	0.93
EAST SOUTH CENTRAL	3.24	7.60	1.15	4.09
WEST SOUTH CENTRAL	1.97	4.63	1.01	1.09
MOUNTAIN	2.34	2.50	1.84	1.22
PACIFIC	1.40	2.06	0.79	1.27
TYPE OF PRACTICE				
SOLO	0.68	1.18	0.53	0.55
NON-SOLO	0.89	1.72	0.44	0.70
LOCATION				
NONMETROPOLITAN	1.72	3.73	0.82	1.72
METROPOLITAN				
LESS THAN 1,000,000	1.11	2.23	0.83	0.95
1,000,000 AND OVER	0.68	1.02	0.43	0.46
EMPLOYMENT STATUS				
SELF-EMPLOYED	0.66	1.16	0.45	0.50
EMPLOYEE	0.89	1.75	0.65	0.83
PHYSICIAN AGE				
LESS THAN 36 YEARS	1.80	3.15	0.82	0.92
36-45 YEARS	0.97	1.80	0.68	0.90
46-55 YEARS	1.07	2.07	0.78	0.83
56-65 YEARS	1.17	1.85	0.79	0.80
66 OR MORE YEARS	1.88	2.26	0.82	0.89

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 20. MEAN PATIENT CARE ACTIVITIES PER WEEK: RADIOLOGY, 1984*

	READING FILMS	RADIODIAGNOSTIC PROCEDURES		RADIOTHERAPY PATIENTS		CONSULTATIONS	
	HOURS PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	25.6	11.9	50.1	3.3	7.3	5.2	24.6
CENSUS DIVISION							
NEW ENGLAND	25.6	9.7	23.4	4.1	11.0	5.3	22.9
MIDDLE ATLANTIC	24.3	10.8	41.2	2.4	6.4	4.6	22.5
EAST NORTH CENTRAL	28.7	11.3	44.1	3.3	7.2	5.7	25.8
WEST NORTH CENTRAL	25.0	13.8	63.8	5.1	3.2	4.6	26.3
SOUTH ATLANTIC	25.2	11.6	54.6	3.4	10.1	5.3	26.3
EAST SOUTH CENTRAL	24.3	14.3	81.7	3.7	3.8	4.9	20.9
WEST SOUTH CENTRAL	24.3	13.3	60.7	2.1	5.4	5.6	25.3
MOUNTAIN	23.1	11.5	47.9	6.7	9.4	4.5	17.3
PACIFIC	26.5	12.3	47.4	2.2	8.0	5.5	27.7
TYPE OF PRACTICE							
SOLO	22.0	11.5	39.0	4.8	9.2	4.2	18.3
NON-SOLO	26.2	12.0	51.9	3.0	7.0	5.3	25.6
LOCATION							
NONMETROPOLITAN	27.3	12.4	64.6	1.1	2.5	4.9	26.2
METROPOLITAN							
LESS THAN 1,000,000	25.7	12.7	53.7	4.4	10.4	5.1	23.5
1,000,000 AND OVER	25.0	11.1	42.3	3.0	6.1	5.3	25.1
EMPLOYMENT STATUS							
SELF-EMPLOYED	26.0	12.2	54.0	3.5	8.3	5.1	25.6
EMPLOYEE	24.5	11.1	39.3	2.7	4.2	5.5	21.6
PHYSICIAN AGE							
LESS THAN 36 YEARS	27.6	14.4	35.0	2.6	2.5	5.7	26.0
36-45 YEARS	25.1	12.0	49.6	3.9	7.4	5.4	26.0
46-55 YEARS	26.1	11.5	52.2	3.0	10.9	4.7	25.4
56-65 YEARS	25.6	11.3	60.1	3.4	5.8	5.3	21.7
66 OR MORE YEARS	22.2	9.2	46.1	1.5	2.8	5.0	15.8

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 20 (CONTINUED). STANDARD ERROR OF MEAN PATIENT CARE ACTIVITIES PER WEEK: RADIOLOGY, 1984*

	READING FILMS	RADIODIAGNOSTIC PROCEDURES		RADIOTHERAPY PATIENTS		CONSULTATIONS	
	HOURS PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	0.59	0.42	3.46	0.43	1.45	0.19	0.91
CENSUS DIVISION							
NEW ENGLAND	2.62	1.44	4.47	1.77	6.08	0.49	2.45
MIDDLE ATLANTIC	1.39	0.96	7.84	0.81	2.75	0.42	2.19
EAST NORTH CENTRAL	1.42	0.90	7.52	1.09	3.49	0.57	2.16
WEST NORTH CENTRAL	1.94	1.63	15.49	2.33	1.29	0.52	3.43
SOUTH ATLANTIC	1.37	0.94	9.17	1.11	6.18	0.40	2.27
EAST SOUTH CENTRAL	2.10	1.34	18.50	2.05	2.16	0.66	2.49
WEST SOUTH CENTRAL	1.70	1.45	11.16	0.70	2.12	0.72	3.61
MOUNTAIN	3.21	2.26	13.51	2.78	5.07	0.70	2.26
PACIFIC	1.73	1.34	9.25	0.73	3.57	0.51	2.76
TYPE OF PRACTICE							
SOLO	1.49	1.09	4.88	1.51	3.48	0.51	2.03
NON-SOLO	0.64	0.45	3.93	0.43	1.59	0.20	0.99
LOCATION							
NONMETROPOLITAN	1.28	0.90	11.51	0.58	2.00	0.42	2.53
METROPOLITAN							
LESS THAN 1,000,000	1.02	0.72	5.51	0.77	3.04	0.30	1.45
1,000,000 AND OVER	0.85	0.59	4.52	0.61	1.60	0.28	1.30
EMPLOYMENT STATUS							
SELF-EMPLOYED	0.69	0.48	4.06	0.51	1.85	0.21	1.09
EMPLOYEE	1.14	0.84	6.51	0.75	1.64	0.39	1.55
PHYSICIAN AGE							
LESS THAN 36 YEARS	1.85	1.32	5.66	1.12	1.15	0.46	2.26
36-45 YEARS	0.90	0.61	5.59	0.78	2.02	0.29	1.59
46-55 YEARS	1.08	0.78	6.79	0.76	4.08	0.31	1.80
56-65 YEARS	1.63	1.14	10.42	1.00	2.39	0.60	1.83
66 OR MORE YEARS	2.45	1.96	10.85	0.82	1.65	0.99	2.98

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 21. MEAN PATIENT CARE ACTIVITIES PER WEEK: ANESTHESIOLOGY, 1984*

	PATIENTS ANESTHETIZED PERSONALLY BY PHYSICIAN		PATIENTS ANESTHETIZED BY NURSE ANESTHETISTS SUPERVISED BY PHYSICIAN		PRE-ANESTHESIA AND OTHER INPATIENT VISITS	
	HOURS PER WEEK	NUMBER PER WEEK	HOURS SUPERVISING PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	33.5	18.0	10.6	11.4	6.8	25.1
CENSUS DIVISION						
NEW ENGLAND	24.4	12.4	15.0	9.7	7.0	23.5
MIDDLE ATLANTIC	33.3	18.5	10.6	11.6	6.3	24.9
EAST NORTH CENTRAL	31.2	17.4	11.9	12.5	6.9	25.5
WEST NORTH CENTRAL	27.5	16.4	15.7	21.1	5.7	24.8
SOUTH ATLANTIC	31.1	16.5	14.0	15.5	7.2	27.0
EAST SOUTH CENTRAL	33.9	17.5	16.3	23.8	11.0	34.6
WEST SOUTH CENTRAL	37.5	20.3	7.6	9.4	5.6	23.3
MOUNTAIN	42.0	19.7	2.8	1.2	6.1	20.8
PACIFIC	39.8	20.7	4.6	3.9	7.0	23.4
TYPE OF PRACTICE						
SOLO	41.9	21.8	2.9	3.0	7.1	24.8
NON-SOLO	29.7	16.2	14.1	15.2	6.6	25.2
LOCATION						
NONMETROPOLITAN	29.7	19.0	10.3	14.0	8.0	24.2
METROPOLITAN						
LESS THAN 1,000,000	35.2	18.2	11.1	12.7	6.8	27.8
1,000,000 AND OVER	33.1	17.6	10.3	9.9	6.6	23.3
EMPLOYMENT STATUS						
SELF-EMPLOYED	37.2	20.0	9.0	8.7	7.3	27.3
EMPLOYEE	21.7	11.1	15.6	20.2	5.3	17.7
PHYSICIAN AGE						
LESS THAN 36 YEARS	28.5	15.4	14.7	19.8	6.0	21.3
36-45 YEARS	33.1	16.9	11.2	10.2	6.4	22.4
46-55 YEARS	35.2	19.8	10.7	11.5	7.3	28.6
56-65 YEARS	36.4	19.3	6.0	7.6	7.2	26.1
66 OR MORE YEARS						

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

* SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
.INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 21 (CONTINUED). STANDARD ERROR OF MEAN PATIENT CARE ACTIVITIES PER WEEK: ANESTHESIOLOGY, 1984*

	PATIENTS ANESTHETIZED PERSONALLY BY PHYSICIAN		PATIENTS ANESTHETIZED BY NURSE ANESTHETISTS SUPERVISED BY PHYSICIAN		PRE-ANESTHESIA AND OTHER INPATIENT VISITS	
	HOURS PER WEEK	NUMBER PER WEEK	HOURS SUPERVISING PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	0.97	0.58	0.74	1.00	0.27	0.96
CENSUS DIVISION						
NEW ENGLAND	3.17	1.88	3.22	2.08	1.12	3.43
MIDDLE ATLANTIC	2.84	1.44	1.83	2.63	0.54	2.01
EAST NORTH CENTRAL	2.04	1.11	1.70	2.02	0.50	1.92
WEST NORTH CENTRAL	3.66	2.45	3.69	5.41	0.83	4.73
SOUTH ATLANTIC	2.79	1.48	2.12	3.30	0.56	2.44
EAST SOUTH CENTRAL	4.34	2.57	3.56	8.13	3.37	9.78
WEST SOUTH CENTRAL	2.58	1.81	1.79	2.52	0.51	2.14
MOUNTAIN	3.92	2.17	2.12	0.69	0.69	2.76
PACIFIC	1.99	1.68	1.21	1.16	0.55	2.07
TYPE OF PRACTICE						
SOLO	1.60	1.09	0.74	0.86	0.39	1.33
NON-SOLO	1.13	0.65	0.95	1.35	0.35	1.26
LOCATION						
NONMETROPOLITAN	2.89	1.69	2.50	4.62	1.15	2.12
METROPOLITAN						
LESS THAN 1,000,000	1.64	0.90	1.25	1.66	0.52	1.87
1,000,000 AND OVER	1.31	0.83	0.99	1.21	0.29	1.19
EMPLOYMENT STATUS						
SELF-EMPLOYED	1.06	0.64	0.82	0.89	0.31	1.09
EMPLOYEE	1.76	1.00	1.57	3.00	0.49	1.85
PHYSICIAN AGE						
LESS THAN 36 YEARS	2.67	1.54	2.00	3.98	0.54	1.78
36-45 YEARS	1.57	0.79	1.28	1.32	0.31	1.16
46-55 YEARS	1.80	1.09	1.36	1.91	0.65	2.18
56-65 YEARS	2.14	1.73	1.31	2.04	0.62	2.50
66 OR MORE YEARS						

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

* SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 22. MEAN PATIENT CARE ACTIVITIES PER WEEK: PATHOLOGY, 1984*

	SURGICAL CONSULTATIONS		EXAMINATIONS OF SURGICAL SPECIMENS		LABORATORY PROCEDURES		AUTOPSIES	
	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	6.3	8.3	16.9	94.0	7.4	19.6	4.2	1.2
CENSUS DIVISION								
NEW ENGLAND	1.6	4.7	11.1	66.6	8.6	9.2	4.9	1.4
MIDDLE ATLANTIC	9.2	7.3	17.0	101.4	6.3	14.6	5.0	1.3
EAST NORTH CENTRAL	5.6	6.7	15.9	69.6	7.4	25.5	5.7	1.9
WEST NORTH CENTRAL	5.0	8.4	19.0	96.1	6.0	24.5	3.6	0.8
SOUTH ATLANTIC	5.1	8.1	17.2	101.9	8.9	24.3	3.3	0.9
EAST SOUTH CENTRAL	6.3	12.8	17.5	134.0	7.4	12.2	2.0	0.7
WEST SOUTH CENTRAL	6.0	8.6	14.6	94.3	8.9	19.9	2.7	1.0
MOUNTAIN	8.5	7.8	19.2	100.5	4.3	17.5	9.5	1.5
PACIFIC	7.1	11.2	18.9	92.6	7.9	14.6	2.6	0.8
TYPE OF PRACTICE								
SOLO	4.2	5.5	17.1	93.7	7.5	20.8	4.6	1.2
NON-SOLO	6.6	8.7	16.9	94.0	7.4	19.4	4.1	1.2
LOCATION								
NONMETROPOLITAN	3.7	5.4	16.0	92.8	8.3	28.8	4.6	1.2
METROPOLITAN								
LESS THAN 1,000,000	5.9	8.7	17.8	104.8	8.4	19.6	3.9	1.0
1,000,000 AND OVER	7.4	8.9	16.4	84.6	6.3	17.1	4.4	1.4
EMPLOYMENT STATUS								
SELF-EMPLOYED	6.1	8.3	18.1	105.7	8.0	20.7	3.8	1.0
EMPLOYEE	6.5	8.3	15.5	80.4	6.8	18.3	4.7	1.4
PHYSICIAN AGE								
LESS THAN 36 YEARS	4.1	7.3	16.5	84.2	6.9	24.7	3.7	1.0
36-45 YEARS	6.3	8.7	18.6	93.7	6.8	19.9	4.0	1.2
46-55 YEARS	5.8	9.4	15.9	96.7	7.8	17.3	4.0	1.1
56-65 YEARS	9.9	6.9	17.2	103.1	8.4	24.3	6.0	1.5
66 OR MORE YEARS	3.5	3.3	11.4	67.4	7.8	9.8	2.9	0.8

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CAREPHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITION AND APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 22 (CONTINUED). STANDARD ERROR OF MEAN PATIENT CARE ACTIVITIES PER WEEK: PATHOLOGY, 1984*

	SURGICAL CONSULTATIONS		EXAMINATIONS OF SURGICAL SPECIMENS		LABORATORY PROCEDURES		AUTOPSIES	
	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK	HOURS PER WEEK	NUMBER PER WEEK
ALL PHYSICIANS	0.52	0.49	0.64	5.33	0.50	2.51	0.37	0.11
CENSUS DIVISION								
NEW ENGLAND	0.91	2.85	2.97	23.72	3.36	4.34	1.91	0.34
MIDDLE ATLANTIC	1.92	1.08	1.52	10.98	1.17	6.18	1.10	0.24
EAST NORTH CENTRAL	1.26	0.72	1.60	7.93	1.25	6.55	1.08	0.44
WEST NORTH CENTRAL	1.03	1.55	2.29	17.79	1.48	9.57	0.84	0.14
SOUTH ATLANTIC	0.83	1.14	1.57	19.17	1.41	8.81	0.60	0.15
EAST SOUTH CENTRAL	1.07	3.28	2.31	25.17	1.42	3.69	0.68	0.21
WEST SOUTH CENTRAL	1.63	1.44	1.60	13.45	1.86	7.47	0.81	0.37
MOUNTAIN	3.71	1.70	3.64	21.20	0.92	6.24	3.07	0.35
PACIFIC	1.25	1.50	1.62	11.86	1.16	3.16	0.42	0.13
TYPE OF PRACTICE								
SOLO	1.22	0.70	1.66	13.29	1.15	5.00	1.09	0.30
NON-SOLO	0.57	0.55	0.70	5.80	0.55	2.80	0.40	0.12
LOCATION								
NONMETROPOLITAN	0.58	0.96	1.58	11.60	1.49	6.41	1.01	0.29
METROPOLITAN								
LESS THAN 1,000,000	0.70	0.83	1.08	9.38	0.88	3.61	0.56	0.10
1,000,000 AND OVER	0.94	0.70	0.91	7.26	0.63	4.01	0.57	0.21
EMPLOYMENT STATUS								
SELF-EMPLOYED	0.65	0.64	0.86	7.49	0.66	3.00	0.41	0.10
EMPLOYEE	0.85	0.75	0.96	7.38	0.77	4.22	0.65	0.21
PHYSICIAN AGE								
LESS THAN 36 YEARS	0.69	1.21	1.47	9.81	1.18	7.96	1.46	0.25
36-45 YEARS	0.97	0.79	1.06	9.17	0.80	4.88	0.54	0.18
46-55 YEARS	0.70	0.96	1.13	9.80	0.88	3.50	0.67	0.21
56-65 YEARS	1.99	0.98	1.85	14.77	1.41	7.49	0.87	0.27
66 OR MORE YEARS	0.90	1.05	2.79	14.18	3.47	5.48	1.48	0.27

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CAREPHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITION AND APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 23. MEAN NUMBER OF DAYS WAITING TIME TO BE SCHEDULED FOR AN APPOINTMENT, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	6.2	2.5	7.0	7.7	5.3	11.9
CENSUS DIVISION						
NEW ENGLAND	10.5	8.0	8.6	13.9	8.0	21.4
MIDDLE ATLANTIC	7.0	1.7	7.6	7.7	4.9	12.5
EAST NORTH CENTRAL	7.0	3.1	7.2	8.3	6.6	13.6
WEST NORTH CENTRAL	7.5	4.3	9.4	8.6	6.3	15.2
SOUTH ATLANTIC	6.2	2.0	7.4	7.9	4.1	12.9
EAST SOUTH CENTRAL	4.1	1.3	6.3	6.7	2.3	5.2
WEST SOUTH CENTRAL	4.6	1.3	5.6	7.0	2.2	8.9
MOUNTAIN	4.1	2.3	2.9	5.5	11.4	5.4
PACIFIC	5.3	2.7	6.1	5.9	6.1	11.3
TYPE OF PRACTICE						
SOLO	4.6	1.7	5.6	6.2	2.5	6.7
NON-SOLO	7.8	3.7	8.2	9.4	6.9	17.7
LOCATION						
NONMETROPOLITAN	5.5	2.5	8.3	8.1	6.9	8.3
METROPOLITAN						
LESS THAN 1,000,000	7.1	3.1	8.0	8.3	5.7	13.4
1,000,000 AND OVER	5.9	2.1	6.1	7.1	4.7	11.7
EMPLOYMENT STATUS						
SELF-EMPLOYED	6.0	2.1	6.4	7.6	5.2	10.6
EMPLOYEE	7.0	4.3	8.8	8.3	5.8	21.3
PHYSICIAN AGE						
LESS THAN 36 YEARS	5.3	3.3	5.9	6.8	4.8	15.8
36-45 YEARS	6.7	2.8	7.0	7.1	7.4	13.6
46-55 YEARS	7.2	2.7	9.0	8.7	3.5	11.0
56-65 YEARS	5.7	2.4	6.9	7.7	4.3	11.0
66 OR MORE YEARS	5.0	1.3	5.1	8.1	5.1	7.5

SOURCE: 1984 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 23 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF DAYS WAITING TIME TO BE SCHEDULED FOR AN APPOINTMENT, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.20	0.18	0.35	0.36	0.36	0.59
CENSUS DIVISION						
NEW ENGLAND	0.98	2.37	1.25	1.77	0.78	1.03
MIDDLE ATLANTIC	0.57	0.20	0.88	1.01	0.91	2.02
EAST NORTH CENTRAL	0.56	0.54	0.86	1.09	1.70	1.21
WEST NORTH CENTRAL	0.85	0.93	1.60	1.02	0.50	1.89
SOUTH ATLANTIC	0.46	0.32	0.88	0.95	0.83	1.01
EAST SOUTH CENTRAL	0.54	0.50	1.16	1.15	0.09	0.50
WEST SOUTH CENTRAL	0.58	0.17	1.16	0.80	0.36	2.11
MOUNTAIN	0.59	0.45	0.41	1.70	0.67	0.35
PACIFIC	0.43	0.35	0.81	0.72	0.88	2.25
TYPE OF PRACTICE						
SOLO	0.22	0.14	0.41	0.45	0.30	0.51
NON-SOLO	0.33	0.38	0.55	0.58	0.53	1.12
LOCATION						
NONMETROPOLITAN	0.41	0.30	0.53	0.77	1.01	0.86
METROPOLITAN						
LESS THAN 1,000,000	0.38	0.43	0.70	0.61	0.70	1.05
1,000,000 AND OVER	0.28	0.18	0.45	0.56	0.44	0.88
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.22	0.19	0.37	0.41	0.44	0.54
EMPLOYEE	0.47	0.42	0.85	0.70	0.58	2.90
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.43	0.45	0.73	0.71	0.33	2.72
36-45 YEARS	0.36	0.34	0.52	0.56	0.87	1.29
46-55 YEARS	0.44	0.39	0.88	0.74	0.66	0.97
56-65 YEARS	0.48	0.42	1.03	1.02	0.57	1.08
66 OR MORE YEARS	0.50	0.16	1.07	1.31	0.63	0.23

SOURCE: 1984 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 24. MEAN NUMBER OF MINUTES WAITING TIME BY PATIENTS ARRIVING FOR AN APPOINTMENT, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	20.2	22.4	19.1	20.8	18.8	21.2
CENSUS DIVISION						
NEW ENGLAND	16.9	19.0	16.5	18.1	16.6	13.8
MIDDLE ATLANTIC	20.5	19.2	22.4	19.9	22.2	23.3
EAST NORTH CENTRAL	19.2	21.8	17.6	20.0	16.1	21.4
WEST NORTH CENTRAL	21.0	22.3	22.2	18.4	20.2	25.8
SOUTH ATLANTIC	20.8	25.3	18.7	22.2	17.3	20.0
EAST SOUTH CENTRAL	24.3	24.3	21.9	28.6	19.1	20.9
WEST SOUTH CENTRAL	23.0	24.0	20.4	26.6	21.1	24.2
MOUNTAIN	17.8	17.4	16.8	17.7	22.0	19.2
PACIFIC	18.2	22.4	15.4	17.5	18.0	19.9
TYPE OF PRACTICE						
SOLO	19.4	22.0	18.3	18.9	18.4	19.5
NON-SOLO	20.9	23.0	19.8	23.0	19.0	23.1
LOCATION						
NONMETROPOLITAN	21.2	23.1	20.6	21.1	17.0	18.7
METROPOLITAN						
LESS THAN 1,000,000	20.4	22.1	19.6	22.1	18.3	18.5
1,000,000 AND OVER	19.6	21.9	18.5	19.7	19.6	24.2
EMPLOYMENT STATUS						
SELF-EMPLOYED	20.1	22.3	18.4	20.4	18.4	21.3
EMPLOYEE	20.5	22.7	21.5	23.8	19.8	20.2
PHYSICIAN AGE						
LESS THAN 36 YEARS	19.7	19.7	20.5	20.3	19.4	23.4
36-45 YEARS	20.9	24.0	19.5	21.2	20.3	22.3
46-55 YEARS	21.1	26.1	19.3	21.6	17.9	21.6
56-65 YEARS	19.9	22.3	15.5	19.2	17.2	19.4
66 OR MORE YEARS	18.7	18.1	19.5	21.1	16.8	18.8

SOURCE: 1984 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 24 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF MINUTES WAITING TIME BY PATIENTS ARRIVING FOR AN APPOINTMENT, 1984*

		SPECIALTY				
	ALL PHYSICIANS**	GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.31	0.70	0.56	0.46	0.54	0.50
CENSUS DIVISION						
NEW ENGLAND	0.89	0.00	1.48	1.62	1.23	0.85
MIDDLE ATLANTIC	0.86	2.03	1.76	1.25	1.93	1.10
EAST NORTH CENTRAL	0.71	2.08	1.07	1.04	1.17	1.20
WEST NORTH CENTRAL	1.00	1.33	1.37	1.27	2.99	1.68
SOUTH ATLANTIC	0.73	2.07	1.57	0.98	0.99	1.17
EAST SOUTH CENTRAL	1.74	1.40	2.51	3.38	1.71	1.58
WEST SOUTH CENTRAL	0.97	1.76	1.04	1.71	1.92	1.65
MOUNTAIN	0.94	2.61	1.32	1.24	1.12	0.57
PACIFIC	0.72	2.08	0.90	0.90	1.22	1.93
TYPE OF PRACTICE						
SOLO	0.44	0.92	0.70	0.67	0.79	0.76
NON-SOLO	0.43	1.08	0.85	0.62	0.71	0.64
LOCATION						
NONMETROPOLITAN	0.68	1.16	1.45	0.77	0.84	0.86
METROPOLITAN						
LESS THAN 1,000,000	0.54	1.31	0.82	0.89	0.77	0.66
1,000,000 AND OVER	0.44	1.19	0.82	0.66	0.85	0.89
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.33	0.77	0.53	0.51	0.51	0.56
EMPLOYEE	0.76	1.73	1.66	0.94	1.40	0.63
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.61	0.86	1.04	0.99	0.98	0.73
36-45 YEARS	0.61	1.52	1.22	0.83	1.16	1.00
46-55 YEARS	0.69	2.19	0.99	0.92	1.16	1.22
56-65 YEARS	0.62	1.40	0.88	0.96	0.91	0.86
66 OR MORE YEARS	0.79	0.98	1.66	1.54	0.64	0.41

SOURCE: 1984 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 25. MEAN NUMBER OF PATIENTS DISCHARGED FROM THE HOSPITAL PER WEEK, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	4.7	4.1	4.6	6.0	5.5	6.9
CENSUS DIVISION						
NEW ENGLAND	3.7	2.6	3.5	5.1	4.3	8.3
MIDDLE ATLANTIC	4.1	2.2	4.1	5.3	5.0	6.4
EAST NORTH CENTRAL	5.3	4.6	5.6	6.7	7.6	6.5
WEST NORTH CENTRAL	5.0	5.0	5.3	7.3	4.5	5.9
SOUTH ATLANTIC	4.8	4.4	4.8	5.9	4.9	6.9
EAST SOUTH CENTRAL	6.4	6.6	5.9	7.6	5.9	9.1
WEST SOUTH CENTRAL	5.7	5.6	5.6	7.5	6.0	7.4
MOUNTAIN	5.1	3.1	5.1	6.2	6.5	7.0
PACIFIC	3.4	2.6	3.5	4.2	4.8	6.3
TYPE OF PRACTICE						
SOLO	4.1	3.7	4.3	5.4	4.6	6.1
NON-SOLO	5.2	4.6	4.9	6.6	5.9	7.7
LOCATION						
NONMETROPOLITAN	6.4	5.7	7.0	7.2	7.6	10.2
METROPOLITAN						
LESS THAN 1,000,000	4.9	3.8	4.9	6.3	6.2	7.1
1,000,000 AND OVER	3.8	2.7	4.0	5.3	4.5	5.7
EMPLOYMENT STATUS						
SELF-EMPLOYED	5.0	4.3	5.0	6.2	5.7	6.9
EMPLOYEE	3.7	3.2	3.5	4.8	4.9	6.6
PHYSICIAN AGE						
LESS THAN 36 YEARS	4.6	4.0	4.4	5.0	6.9	8.1
36-45 YEARS	5.0	4.6	5.3	6.0	5.7	7.5
46-55 YEARS	5.4	5.0	5.3	6.8	5.3	6.6
56-65 YEARS	4.2	3.9	3.5	6.3	4.5	6.7
66 OR MORE YEARS	2.9	2.8	2.3	4.0	2.3	4.2

SOURCE: 2ND-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 25 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF PATIENTS DISCHARGED FROM THE HOSPITAL PER WEEK, 1984*

		SPECIALTY				
	ALL PHYSICIANS**	GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.08	0.15	0.16	0.15	0.31	0.28
CENSUS DIVISION						
NEW ENGLAND	0.27	0.69	0.35	0.52	0.58	1.97
MIDDLE ATLANTIC	0.20	0.31	0.27	0.26	0.95	0.74
EAST NORTH CENTRAL	0.23	0.37	0.62	0.43	1.16	0.53
WEST NORTH CENTRAL	0.24	0.41	0.55	0.63	0.71	0.66
SOUTH ATLANTIC	0.19	0.40	0.36	0.34	0.62	0.57
EAST SOUTH CENTRAL	0.36	0.71	0.89	0.63	0.78	1.69
WEST SOUTH CENTRAL	0.24	0.42	0.53	0.54	0.79	0.88
MOUNTAIN	0.47	0.37	0.74	0.74	1.96	1.22
PACIFIC	0.13	0.25	0.27	0.24	0.51	0.55
TYPE OF PRACTICE						
SOLO	0.09	0.18	0.22	0.20	0.37	0.38
NON-SOLO	0.13	0.23	0.22	0.22	0.42	0.40
LOCATION						
NONMETROPOLITAN	0.21	0.27	0.65	0.37	0.92	1.02
METROPOLITAN						
LESS THAN 1,000,000	0.13	0.24	0.26	0.24	0.56	0.44
1,000,000 AND OVER	0.11	0.21	0.19	0.21	0.38	0.32
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.08	0.16	0.18	0.16	0.32	0.29
EMPLOYEE	0.20	0.33	0.30	0.31	0.72	0.85
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.22	0.28	0.28	0.41	0.89	1.00
36-45 YEARS	0.14	0.33	0.31	0.23	0.54	0.51
46-55 YEARS	0.18	0.37	0.40	0.32	0.60	0.50
56-65 YEARS	0.15	0.27	0.28	0.35	0.46	0.54
66 OR MORE YEARS	0.18	0.37	0.30	0.36	0.51	0.63

SOURCE: 2ND-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 26. MEAN NUMBER OF DAYS FOR HOSPITAL STAYS PER PATIENT, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	5.8	5.2	6.8	4.4	4.5	3.8
CENSUS DIVISION						
NEW ENGLAND	6.4	5.6	6.8	4.6	6.5	3.8
MIDDLE ATLANTIC	7.0	6.0	8.8	5.0	5.4	3.8
EAST NORTH CENTRAL	6.0	6.0	6.8	4.6	4.3	3.8
WEST NORTH CENTRAL	5.7	4.5	5.8	4.5	4.7	3.9
SOUTH ATLANTIC	6.0	5.4	6.7	4.6	4.8	4.0
EAST SOUTH CENTRAL	5.8	5.9	5.9	5.1	3.5	4.2
WEST SOUTH CENTRAL	5.2	5.2	5.9	4.0	4.4	3.7
MOUNTAIN	5.0	3.9	5.4	3.8	3.8	3.2
PACIFIC	4.5	4.3	5.6	3.6	2.9	3.5
TYPE OF PRACTICE						
SOLO	5.5	5.1	6.7	4.2	3.7	3.8
NON-SOLO	6.0	5.2	6.9	4.6	4.9	3.8
LOCATION						
NONMETROPOLITAN	5.0	4.8	5.7	4.3	3.2	3.6
METROPOLITAN		5.3	6.3	4.7	4.2	3.7
LESS THAN 1,000,000	5.	5.5	7.3	4.2	5.0	3.9
1,000,000 AND OVER	6.2					
EMPLOYMENT STATUS						
SELF-EMPLOYED	5.3	5.0	6.6	4.3	3.9	3.7
EMPLOYEE	8.0	5.7	7.5	5.0	6.4	4.1
PHYSICIAN AGE						
LESS THAN 36 YEARS	5.7	4.9	6.5	3.8	4.7	3.6
36-45 YEARS	5.9	4.6	6.8	4.4	4.7	3.6
46-55 YEARS	5.4	5.2	6.7	4.2	4.8	3.8
56-65 YEARS	5.8	5.5	7.0	4.8	3.6	4.0
66 OR MORE YEARS	6.0	5.7	7.8	5.1	3.6	4.5

SOURCE: 2ND-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 26 (CONTINUED). STANDARD ERROR OF THE MEAN NUMBER OF DAYS FOR HOSPITAL STAYS PER PATIENT, 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.10	0.14	0.17	0.08	0.30	0.06
CENSUS DIVISION						
NEW ENGLAND	0.45	0.59	0.30	0.36	2.02	0.24
MIDDLE ATLANTIC	0.30	0.32	0.57	0.26	0.85	0.16
EAST NORTH CENTRAL	0.26	0.53	0.43	0.19	0.58	0.15
WEST NORTH CENTRAL	0.31	0.16	0.26	0.35	1.12	0.24
SOUTH ATLANTIC	0.25	0.18	0.26	0.18	0.75	0.13
EAST SOUTH CENTRAL	0.42	1.05	0.42	0.42	0.27	0.26
WEST SOUTH CENTRAL	0.22	0.26	0.33	0.19	1.08	0.20
MOUNTAIN	0.45	0.30	0.27	0.26	1.19	0.18
PACIFIC	0.16	0.24	0.26	0.19	0.12	0.16
TYPE OF PRACTICE						
SOLO	0.11	0.11	0.18	0.12	0.25	0.09
NON-SOLO	0.16	0.29	0.27	0.12	0.45	0.09
LOCATION						
NONMETROPOLITAN	0.15	0.21	0.17	0.15	0.17	0.15
METROPOLITAN						
LESS THAN 1,000,000	0.16	0.33	0.16	0.15	0.39	0.08
1,000,000 AND OVER	0.17	0.21	0.28	0.12	0.52	0.10
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.08	0.09	0.13	0.09	0.26	0.06
EMPLOYEE	0.41	0.75	0.68	0.25	1.01	0.23
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.26	0.43	0.35	0.21	0.94	0.23
36-45 YEARS	0.18	0.15	0.29	0.13	0.50	0.10
46-55 YEARS	0.18	0.43	0.34	0.14	0.71	0.11
56-65 YEARS	0.22	0.20	0.33	0.23	0.17	0.12
66 OR MORE YEARS	0.27	0.23	1.03	0.40	0.22	0.17

SOURCE: 2ND-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 27. MEAN FEE FOR AN OFFICE VISIT WITH AN ESTABLISHED PATIENT (IN DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	26.09	20.71	29.89	25.65	24.11	31.16
CENSUS DIVISION						
NEW ENGLAND	27.72	23.15	29.25	26.13	25.18	34.12
MIDDLE ATLANTIC	29.48	20.96	32.56	28.62	25.39	36.35
EAST NORTH CENTRAL	23.13	18.51	25.75	23.49	21.33	27.21
WEST NORTH CENTRAL	21.26	17.60	25.29	21.35	21.71	25.82
SOUTH ATLANTIC	25.17	20.37	29.14	24.48	22.68	30.90
EAST SOUTH CENTRAL	21.49	17.31	22.51	21.75	21.17	27.41
WEST SOUTH CENTRAL	25.77	19.91	31.77	25.72	23.48	29.68
MOUNTAIN	23.80	21.02	27.88	22.64	23.39	26.88
PACIFIC	30.98	26.73	34.38	30.69	29.59	35.20
TYPE OF PRACTICE						
SOLO	25.83	20.93	29.48	26.09	22.83	31.16
NON-SOLO	26.38	20.38	30.33	25.14	24.91	31.15
LOCATION						
NONMETROPOLITAN	20.59	18.06	24.47	20.63	21.90	24.56
METROPOLITAN						
LESS THAN 1,000,000	25.07	21.16	27.66	23.81	22.75	30.40
1,000,000 AND OVER	29.54	23.39	32.66	29.85	25.68	33.95
EMPLOYMENT STATUS						
SELF-EMPLOYED	25.92	20.68	29.57	25.65	23.76	30.98
EMPLOYEE	27.12	20.92	31.52	25.64	25.60	33.00
PHYSICIAN AGE						
LESS THAN 36 YEARS	26.19	20.97	29.36	26.20	24.13	30.37
36-45 YEARS	26.99	21.41	30.20	25.85	24.18	30.98
46-55 YEARS	26.03	20.81	29.43	25.86	24.15	30.97
56-65 YEARS	25.59	20.90	30.67	25.12	24.56	31.65
66 OR MORE YEARS	24.18	19.09	29.44	24.61	22.17	32.33

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 27 (CONTINUED). STANDARD ERROR OF THE MEAN FEE FOR AN OFFICE VISIT WITH AN ESTABLISHED PATIENT (IN DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.16	0.20	0.40	0.29	0.36	0.52
CENSUS DIVISION						
NEW ENGLAND	0.61	1.01	1.08	0.99	1.43	2.16
MIDDLE ATLANTIC	0.48	0.69	0.95	0.82	1.12	1.44
EAST NORTH CENTRAL	0.32	0.34	0.79	0.60	0.77	1.05
WEST NORTH CENTRAL	0.47	0.43	1.36	0.88	1.19	2.16
SOUTH ATLANTIC	0.32	0.49	0.80	0.58	0.50	1.06
EAST SOUTH CENTRAL	0.45	0.38	0.66	0.80	0.94	1.72
WEST SOUTH CENTRAL	0.53	0.41	1.65	0.99	1.02	1.16
MOUNTAIN	0.55	0.66	1.50	1.05	2.08	1.45
PACIFIC	0.44	0.56	1.26	0.81	0.89	1.63
TYPE OF PRACTICE						
SOLO	0.22	0.28	0.53	0.40	0.46	0.77
NON-SOLO	0.24	0.27	0.62	0.41	0.50	0.68
LOCATION						
NONMETROPOLITAN	0.23	0.21	0.95	0.42	0.78	0.91
METROPOLITAN						
LESS THAN 1,000,000	0.25	0.39	0.65	0.39	0.50	0.75
1,000,000 AND OVER	0.26	0.39	0.56	0.50	0.55	0.81
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.17	0.22	0.43	0.30	0.34	0.54
EMPLOYEE	0.48	0.48	1.15	0.81	1.20	1.75
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.41	0.41	0.91	0.90	0.91	1.38
36-45 YEARS	0.30	0.51	0.69	0.53	0.61	0.81
46-55 YEARS	0.30	0.43	0.88	0.49	0.76	0.95
56-65 YEARS	0.36	0.41	0.92	0.67	0.78	1.40
66 OR MORE YEARS	0.50	0.47	1.56	0.83	1.14	1.81

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 28. MEAN FEE FOR AN OFFICE VISIT WITH AN ESTABLISHED PATIENT (IN DOLLARS), 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	10.95	11.76	13.50	15.17	17.17	18.43	23.11	24.74	26.09
SPECIALTY									
GENERAL/FAMILY PRACTICE	8.75	9.29	10.65	12.15	13.67	15.18	18.15	19.95	20.71
INTERNAL MEDICINE	12.28	13.56	15.52	16.83	19.89	20.46	26.43	27.82	29.89
SURGERY	11.27	12.22	13.94	15.91	17.61	19.00	23.85	24.80	25.65
PEDIATRICS	10.38	11.07	12.52	13.72	15.65	16.40	21.35	22.89	24.11
OBSTETRICS/GYNECOLOGY	13.10	13.73	15.40	18.23	19.04	20.66	26.68	28.79	31.16
CENSUS DIVISION									
NEW ENGLAND	11.71	12.57	13.59	15.17	17.60	19.70	23.95	26.19	27.72
MIDDLE ATLANTIC	12.60	13.75	15.58	17.41	18.57	20.20	25.89	27.75	29.48
EAST NORTH CENTRAL	9.99	10.86	12.26	13.57	15.46	16.69	20.54	21.37	23.13
WEST NORTH CENTRAL	9.50	9.00	10.69	11.76	13.55	14.48	18.39	19.73	21.26
SOUTH ATLANTIC	11.05	11.79	13.45	15.30	17.54	18.15	23.41	25.23	25.17
EAST SOUTH CENTRAL	9.24	9.70	11.34	12.62	15.24	15.52	20.55	21.13	21.49
WEST SOUTH CENTRAL	10.17	10.70	12.29	14.33	16.26	16.65	22.02	23.77	25.77
MOUNTAIN	9.83	9.92	11.81	13.47	16.35	16.84	21.61	22.55	23.80
PACIFIC	11.55	12.94	15.49	17.48	19.53	21.93	26.93	29.41	30.98
TYPE OF PRACTICE									
SOLO	10.82	11.69	13.44	15.12	17.23	18.36	22.74	24.51	25.83
NON-SOLO	11.13	11.85	13.58	15.26	17.09	18.52	23.51	24.99	26.38
LOCATION									
NONMETROPOLITAN	8.05	9.11	9.89	11.07	13.47	13.36	17.60	18.87	19.16
METROPOLITAN									
LESS THAN 1,000,000	10.19	10.93	12.35	14.15	15.65	16.67	21.91	23.15	24.63
1,000,000 AND OVER	12.38	13.47	15.50	17.14	19.50	21.06	25.75	28.13	29.54
PHYSICIAN AGE									
LESS THAN 36 YEARS	10.94	12.46	13.41	15.51	16.94	18.23	23.69	24.95	26.19
36-45 YEARS	11.28	11.95	13.92	15.48	17.16	18.98	23.36	25.31	26.99
46-55 YEARS	10.90	11.64	13.31	15.11	17.62	18.73	23.84	25.22	26.03
56-65 YEARS	10.85	11.42	13.35	15.22	17.15	17.68	22.36	23.91	25.59
66 OR MORE YEARS	10.56	11.63	13.30	14.01	16.54	18.08	21.56	23.04	24.18

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS. RESULTS FOR 1982 AND 1983 MAY DIFFER FROM PREVIOUSLY REPORTED RESULTS BECAUSE OF THE CHANGES IN COMPUTATION PROCEDURES.

*DATA ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES EXCLUDING PSYCHIATRY, RADIOLOGY, ANESTHESIOLOGY AND PATHOLOGY. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 28 (CONTINUED). STANDARD ERROR OF THE MEAN FEE FOR AN OFFICE VISIT WITH AN ESTABLISHED PATIENT (IN DOLLARS), 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	0.08	0.09	0.13	0.12	0.15	0.14	0.15	0.17	0.16
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.11	0.11	0.09	0.12	0.13	0.14	0.20	0.34	0.20
INTERNAL MEDICINE	0.17	0.18	0.47	0.24	0.51	0.25	0.38	0.40	0.40
SURGERY	0.14	0.16	0.18	0.23	0.24	0.33	0.28	0.28	0.29
PEDIATRICS	0.20	0.20	0.29	0.23	0.27	0.20	0.32	0.42	0.36
OBSTETRICS/GYNECOLOGY	0.28	0.38	0.31	0.44	0.41	0.54	0.45	0.51	0.52
CENSUS DIVISION									
NEW ENGLAND	0.24	0.32	0.33	0.33	0.48	0.55	0.58	0.60	0.61
MIDDLE ATLANTIC	0.21	0.24	0.29	0.38	0.33	0.32	0.42	0.60	0.48
EAST NORTH CENTRAL	0.17	0.21	0.18	0.18	0.23	0.24	0.30	0.26	0.32
WEST NORTH CENTRAL	0.33	0.22	0.30	0.30	0.33	0.27	0.39	0.47	0.47
SOUTH ATLANTIC	0.21	0.17	0.22	0.26	0.64	0.25	0.36	0.45	0.32
EAST SOUTH CENTRAL	0.22	0.45	0.26	0.35	0.39	0.35	0.59	0.51	0.45
WEST SOUTH CENTRAL	0.26	0.23	0.32	0.35	0.39	0.27	0.38	0.37	0.53
MOUNTAIN	0.30	0.23	0.27	0.49	0.54	0.42	0.62	0.66	0.55
PACIFIC	0.17	0.22	0.59	0.29	0.34	0.53	0.41	0.42	0.44
TYPE OF PRACTICE									
SOLO	0.10	0.13	0.14	0.16	0.24	0.17	0.21	0.25	0.22
NON-SOLO	0.12	0.12	0.23	0.17	0.17	0.22	0.22	0.23	0.24
LOCATION									
NONMETROPOLITAN	0.20	0.17	0.17	0.25	0.83	0.16	0.28	0.36	0.25
METROPOLITAN									
LESS THAN 1,000,000	0.10	0.12	0.11	0.14	0.15	0.13	0.22	0.21	0.22
1,000,000 AND OVER	0.12	0.14	0.25	0.19	0.21	0.25	0.23	0.29	0.26
PHYSICIAN AGE									
LESS THAN 36 YEARS	0.28	0.35	0.40	0.30	0.41	0.32	0.43	0.39	0.41
36-45 YEARS	0.16	0.15	0.34	0.22	0.24	0.24	0.26	0.29	0.30
46-55 YEARS	0.14	0.14	0.16	0.21	0.24	0.25	0.33	0.35	0.30
56-65 YEARS	0.15	0.18	0.21	0.27	0.26	0.23	0.32	0.45	0.36
66 OR MORE YEARS	0.25	0.33	0.36	0.39	0.69	0.72	0.46	0.49	0.50

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS. RESULTS FOR 1982 AND 1983 MAY DIFFER FROM PREVIOUSLY REPORTED RESULTS BECAUSE OF THE CHANGES IN COMPUTATION PROCEDURES.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 29. MEAN FEE FOR AN OFFICE VISIT WITH A NEW PATIENT (IN DOLLARS), 1984*

		SPECIALTY				
	ALL PHYSICIANS**	GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	47.21	30.37	71.00	43.92	34.46	47.32
CENSUS DIVISION						
NEW ENGLAND	46.33	35.97	60.00	39.63	39.05	44.11
MIDDLE ATLANTIC	53.16	28.44	70.08	48.76	32.78	54.74
EAST NORTH CENTRAL	41.73	25.12	61.88	40.14	30.32	41.88
WEST NORTH CENTRAL	36.49	24.37	64.71	31.91	35.63	39.27
SOUTH ATLANTIC	45.16	29.42	70.96	42.83	32.00	45.69
EAST SOUTH CENTRAL	35.06	23.76	53.40	34.14	29.48	40.84
WEST SOUTH CENTRAL	45.51	28.92	77.39	41.24	34.21	45.19
MOUNTAIN	43.13	29.89	67.53	38.77	29.25	41.58
PACIFIC	61.33	44.23	93.15	58.28	44.12	57.54
TYPE OF PRACTICE						
SOLO	45.69	31.10	68.15	44.02	30.59	47.35
NON-SOLO	48.92	29.25	73.98	43.81	36.91	47.29
LOCATION						
NONMETROPOLITAN	34.21	26.24	56.40	33.68	29.02	39.15
METROPOLITAN						
LESS THAN 1,000,000	44.81	28.70	68.24	39.50	33.09	46.06
1,000,000 AND OVER	55.35	37.04	76.38	53.05	36.83	51.06
EMPLOYMENT STATUS						
SELF-EMPLOYED	46.21	30.00	70.30	43.49	32.73	46.31
EMPLOYEE	53.35	32.51	74.66	47.42	42.09	57.82
PHYSICIAN AGE						
LESS THAN 36 YEARS	47.69	28.89	68.17	44.34	32.54	46.98
36-45 YEARS	50.28	30.48	71.44	45.28	36.20	47.07
46-55 YEARS	46.77	29.91	74.02	43.88	34.21	47.04
56-65 YEARS	44.14	31.54	70.44	41.68	34.90	48.39
66 OR MORE YEARS	43.10	30.61	71.33	41.99	31.00	47.05

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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TABLE 29 (CONTINUED). STANDARD ERROR OF THE MEAN FEE FOR AN OFFICE VISIT WITH A NEW PATIENT (IN DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.45	0.52	1.24	0.65	0.93	0.74
CENSUS DIVISION						
NEW ENGLAND	1.50	2.91	3.62	1.89	3.59	3.28
MIDDLE ATLANTIC	1.25	1.26	2.60	2.08	1.95	2.37
EAST NORTH CENTRAL	0.99	0.85	2.89	1.40	2.18	1.49
WEST NORTH CENTRAL	1.48	0.97	5.30	1.42	6.85	2.68
SOUTH ATLANTIC	0.96	1.08	2.81	1.48	1.51	1.31
EAST SOUTH CENTRAL	1.06	0.72	3.62	1.44	2.43	2.01
WEST SOUTH CENTRAL	1.36	1.05	4.53	1.59	2.64	1.63
MOUNTAIN	1.63	1.63	4.49	1.81	1.67	1.48
PACIFIC	1.33	1.93	3.62	1.91	2.78	2.07
TYPE OF PRACTICE						
SOLO	0.60	0.71	1.78	0.92	0.92	1.00
NON-SOLO	0.67	0.74	1.70	0.91	1.38	1.09
LOCATION						
NONMETROPOLITAN	0.62	0.58	2.57	0.84	1.63	1.36
METROPOLITAN						
LESS THAN 1,000,000	0.66	0.69	1.81	0.85	1.52	1.14
1,000,000 AND OVER	0.77	1.26	1.89	1.18	1.40	1.13
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.46	0.55	1.33	0.68	0.79	0.69
EMPLOYEE	1.41	1.52	3.31	2.10	3.53	3.98
PHYSICIAN AGE						
LESS THAN 36 YEARS	1.13	1.00	2.42	1.58	1.90	1.99
36-45 YEARS	0.82	1.09	1.92	1.22	2.01	1.24
46-55 YEARS	0.88	1.09	3.00	1.11	1.80	1.25
56-65 YEARS	0.96	1.08	3.43	1.39	1.68	1.99
66 OR MORE YEARS	1.54	1.67	5.42	2.49	2.99	2.63

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 30. MEAN FEE FOR AN OFFICE VISIT WITH A NEW PATIENT (IN DOLLARS), 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	17.88	19.67	22.81	24.93	28.26	30.80	41.87	45.83	47.21
SPECIALTY									
GENERAL/FAMILY PRACTICE	12.02	13.11	14.80	16.55	18.21	20.43	27.03	29.72	30.37
INTERNAL MEDICINE	23.11	26.11	31.27	32.53	38.18	40.18	63.44	68.51	71.00
SURGERY	18.88	20.81	23.29	26.52	29.04	31.83	41.13	42.95	43.92
PEDIATRICS	14.48	16.18	17.45	19.03	21.06	22.15	30.35	33.54	34.46
OBSTETRICS/GYNECOLOGY	22.08	23.57	27.41	29.85	30.70	34.03	42.97	46.11	47.32
CENSUS DIVISION									
NEW ENGLAND	17.95	18.28	20.79	23.27	27.47	31.16	39.48	46.20	46.33
MIDDLE ATLANTIC	19.85	22.11	25.49	28.04	30.35	33.10	47.33	51.49	53.16
EAST NORTH CENTRAL	15.69	18.13	20.19	22.57	25.64	26.95	36.96	39.05	41.73
WEST NORTH CENTRAL	16.09	15.80	19.23	19.09	21.57	23.19	32.28	35.68	36.49
SOUTH ATLANTIC	18.76	20.37	23.70	25.18	28.77	30.87	42.51	45.75	45.16
EAST SOUTH CENTRAL	15.65	17.29	20.19	21.67	25.35	25.42	35.93	36.85	35.06
WEST SOUTH CENTRAL	17.55	19.10	21.87	25.00	27.80	28.25	39.30	43.46	45.51
MOUNTAIN	16.53	17.56	21.34	21.36	25.30	28.99	37.72	40.01	43.13
PACIFIC	19.14	21.92	25.77	29.04	33.04	38.47	51.60	59.06	61.33
TYPE OF PRACTICE									
SOLO	17.48	18.92	21.91	24.43	27.96	29.97	40.36	43.96	45.69
NON-SOLO	18.45	20.59	23.90	25.70	28.62	31.78	43.48	47.85	48.92
LOCATION									
NONMETROPOLITAN	11.87	14.18	15.64	16.55	19.03	19.22	28.73	29.87	30.88
METROPOLITAN									
LESS THAN 1,000,000	17.14	18.53	21.63	23.61	26.23	27.75	39.38	42.73	43.80
1,000,000 AND OVER	20.13	22.68	25.78	28.28	32.47	35.95	47.61	53.63	55.35
PHYSICIAN AGE									
LESS THAN 36 YEARS	20.01	20.23	23.72	27.76	28.49	31.20	43.23	47.98	47.69
36-45 YEARS	18.82	20.71	23.90	26.85	29.99	32.28	43.95	48.67	50.28
46-55 YEARS	17.34	19.32	22.30	23.74	28.84	31.79	42.69	45.58	46.77
56-65 YEARS	17.88	19.24	22.41	23.97	27.35	28.46	39.14	41.89	44.14
66 OR MORE YEARS	16.25	18.38	21.49	21.42	25.26	28.89	37.11	40.88	43.10

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS. RESULTS FOR 1982 AND 1983 MAY DIFFER FROM PREVIOUSLY REPORTED RESULTS BECAUSE OF THE CHANGES IN COMPUTATION PROCEDURES.

*DATA ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES EXCLUDING PSYCHIATRY, RADIOLOGY, ANESTHESIOLOGY AND PATHOLOGY. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 30 (CONTINUED). STANDARD ERROR OF THE MEAN FEE FOR AN OFFICE VISIT WITH A NEW PATIENT, (IN DOLLARS), 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	0.19	0.20	0.26	0.29	0.33	0.33	0.42	0.46	0.45
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.18	0.19	0.25	0.28	0.28	0.26	0.53	0.52	0.52
INTERNAL MEDICINE	0.58	0.62	0.84	0.85	0.99	0.95	1.20	1.26	1.24
SURGERY	0.28	0.33	0.39	0.47	0.51	0.54	0.58	0.64	0.65
PEDIATRICS	0.55	0.64	0.59	0.54	0.61	0.49	0.86	1.03	0.93
OBSTETRICS/GYNECOLOGY	0.43	0.47	0.58	0.67	0.58	0.75	0.96	1.19	0.74
CENSUS DIVISION									
NEW ENGLAND	0.63	0.58	0.74	0.81	1.19	1.25	1.60	1.67	1.50
MIDDLE ATLANTIC	0.48	0.56	0.66	0.83	0.79	0.81	1.25	1.31	1.25
EAST NORTH CENTRAL	0.37	0.47	0.53	0.56	0.77	0.60	0.83	0.95	0.99
WEST NORTH CENTRAL	0.65	0.64	0.99	0.91	0.95	0.91	1.20	1.32	1.48
SOUTH ATLANTIC	0.55	0.54	0.69	0.70	0.94	0.71	1.05	1.12	0.96
EAST SOUTH CENTRAL	0.86	0.74	1.08	1.13	1.09	0.96	1.18	1.21	1.06
WEST SOUTH CENTRAL	0.70	0.73	0.89	1.14	1.10	1.40	1.23	1.12	1.36
MOUNTAIN	0.86	0.79	1.14	0.90	1.04	1.45	1.38	1.76	1.63
PACIFIC	0.40	0.49	0.66	0.71	0.86	0.94	1.15	1.42	1.33
TYPE OF PRACTICE									
SOLO	0.24	0.26	0.34	0.36	0.46	0.42	0.55	0.61	0.60
NON-SOLO	0.29	0.31	0.39	0.47	0.47	0.52	0.63	0.69	0.67
LOCATION									
NONMETROPOLITAN	0.33	0.36	0.58	0.55	0.91	0.42	0.72	0.70	0.70
METROPOLITAN									
LESS THAN 1,000,000	0.28	0.28	0.36	0.38	0.42	0.40	0.56	0.60	0.58
1,000,000 AND OVER	0.29	0.34	0.41	0.47	0.53	0.55	0.70	0.80	0.77
PHYSICIAN AGE									
LESS THAN 36 YEARS	0.88	0.67	1.04	0.91	1.09	0.97	1.32	1.24	1.13
36-45 YEARS	0.38	0.38	0.50	0.59	0.63	0.59	0.72	0.83	0.82
46-55 YEARS	0.32	0.37	0.44	0.46	0.61	0.75	0.83	0.86	0.88
56-65 YEARS	0.38	0.43	0.53	0.64	0.65	0.58	0.82	0.91	0.96
66 OR MORE YEARS	0.49	0.60	0.84	0.69	0.97	0.94	1.42	1.83	1.54

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS. RESULTS FOR 1982 AND 1983 MAY DIFFER FROM PREVIOUSLY REPORTED RESULTS BECAUSE OF THE CHANGES IN COMPUTATION PROCEDURES.

*DATA ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES EXCLUDING PSYCHIATRY, RADIOLOGY, ANESTHESIOLOGY AND PATHOLOGY. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 31. MEAN FEE FOR A FOLLOW-UP HOSPITAL VISIT (IN DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	29.00	25.12	32.38	28.79	28.14	28.70
CENSUS DIVISION						
NEW ENGLAND	29.17	24.20	30.92	28.76	27.60	26.09
MIDDLE ATLANTIC	33.48	26.10	36.35	35.90	27.40	36.00
EAST NORTH CENTRAL	26.40	24.05	28.81	26.34	22.45	29.41
WEST NORTH CENTRAL	22.81	20.85	24.19	22.61	23.96	24.00
SOUTH ATLANTIC	29.38	26.78	31.86	28.94	28.78	25.52
EAST SOUTH CENTRAL	22.83	20.19	25.77	21.96	23.92	25.40
WEST SOUTH CENTRAL	28.52	24.62	32.74	29.14	25.78	26.56
MOUNTAIN	26.48	24.36	31.05	21.23	30.27	28.90
PACIFIC	33.97	30.70	37.21	32.81	38.32	32.63
TYPE OF PRACTICE						
SOLO	29.35	25.66	32.99	29.24	28.96	30.20
NON-SOLO	28.64	24.39	31.78	28.34	27.59	27.28
LOCATION						
NONMETROPOLITAN	23.16	22.13	24.70	23.42	23.32	24.65
METROPOLITAN						
LESS THAN 1,000,000	27.42	24.90	29.67	26.97	25.62	27.69
1,000,000 AND OVER	33.43	29.38	36.12	33.80	31.54	31.52
EMPLOYMENT STATUS						
SELF-EMPLOYED	28.87	25.11	32.26	28.80	28.43	28.24
EMPLOYEE	29.71	25.19	32.95	28.67	26.75	32.75
PHYSICIAN AGE						
LESS THAN 36 YEARS	29.20	25.30	32.01	29.03	27.62	32.11
36-45 YEARS	29.42	24.80	32.01	28.85	28.45	27.60
46-55 YEARS	29.45	25.51	32.60	29.41	29.67	29.88
56-65 YEARS	28.12	25.37	32.41	28.45	26.44	28.57
66 OR MORE YEARS	27.41	24.05	34.90	25.98	27.50	21.00

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 31 (CONTINUED). STANDARD ERROR OF THE MEAN FEE FOR A FOLLOW-UP HOSPITAL VISIT (IN DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	0.24	0.35	0.46	0.52	0.65	0.93
CENSUS DIVISION						
NEW ENGLAND	0.84	0.79	1.37	2.01	1.72	1.57
MIDDLE ATLANTIC	0.75	1.37	1.16	1.92	1.60	2.76
EAST NORTH CENTRAL	0.50	0.76	1.14	1.09	0.90	2.32
WEST NORTH CENTRAL	0.59	0.75	0.93	1.65	1.33	2.06
SOUTH ATLANTIC	0.56	1.06	0.83	1.33	1.24	2.10
EAST SOUTH CENTRAL	0.57	0.69	1.76	0.90	1.79	2.10
WEST SOUTH CENTRAL	0.67	1.07	1.37	1.22	1.85	2.73
MOUNTAIN	0.86	0.97	1.98	1.01	3.64	4.29
PACIFIC	0.64	0.88	1.34	1.25	2.32	3.00
TYPE OF PRACTICE						
SOLO	0.34	0.49	0.68	0.70	1.23	1.39
NON-SOLO	0.33	0.51	0.61	0.78	0.70	1.24
LOCATION						
NONMETROPOLITAN	0.34	0.48	0.77	0.80	1.11	1.74
METROPOLITAN						
LESS THAN 1,000,000	0.36	0.60	0.71	0.74	0.88	1.47
1,000,000 AND OVER	0.40	0.71	0.66	0.96	1.05	1.51
EMPLOYMENT STATUS						
SELF-EMPLOYED	0.25	0.39	0.50	0.55	0.73	0.96
EMPLOYEE	0.63	0.86	1.14	1.73	1.27	3.38
PHYSICIAN AGE						
LESS THAN 36 YEARS	0.53	0.65	0.89	1.82	1.39	2.92
36-45 YEARS	0.40	0.77	0.69	0.80	0.98	1.38
46-55 YEARS	0.49	0.79	0.94	0.96	1.56	1.80
56-65 YEARS	0.56	0.74	1.18	1.50	1.28	2.40
66 OR MORE YEARS	1.05	1.15	3.03	1.49	4.30	2.63

SOURCE: 1ST-4TH QUARTER 1984 AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**EXCLUDES RADIOLOGY, PSYCHIATRY, ANESTHESIOLOGY AND PATHOLOGY, BUT OTHERWISE INCLUDES SPECIALTIES NOT LISTED SEPARATELY.

TABLE 32. MEAN FEE FOR A FOLLOW-UP HOSPITAL VISIT (IN DOLLARS), 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	15.52	16.98	19.92	22.28	24.06	26.70	25.18	28.00	29.00
SPECIALTY									
GENERAL/FAMILY PRACTICE	12.79	13.51	16.11	17.89	19.06	21.84	22.06	24.64	25.12
INTERNAL MEDICINE	16.47	18.56	21.02	23.95	25.11	27.93	28.57	31.17	32.38
SURGERY	16.65	18.29	20.95	23.71	24.91	28.92	24.96	26.89	28.79
PEDIATRICS	13.91	16.14	18.59	20.30	23.32	22.61	24.98	26.41	28.14
OBSTETRICS/GYNECOLOGY	16.96	17.99	23.25	24.79	27.03	27.69	24.74	30.24	28.70
CENSUS DIVISION									
NEW ENGLAND	15.28	15.56	20.88	19.71	23.04	26.07	23.40	27.31	29.17
MIDDLE ATLANTIC	17.80	19.26	22.79	25.43	27.29	29.19	28.14	31.38	33.48
EAST NORTH CENTRAL	13.77	15.94	18.11	20.33	21.19	24.02	22.81	25.99	26.40
WEST NORTH CENTRAL	12.98	13.41	15.74	17.58	18.79	21.09	20.88	21.18	22.81
SOUTH ATLANTIC	15.74	17.11	20.09	23.43	25.53	27.05	26.06	28.69	29.38
EAST SOUTH CENTRAL	13.98	14.61	15.46	18.82	19.65	21.23	20.04	20.96	22.83
WEST SOUTH CENTRAL	14.90	16.10	18.71	20.26	24.36	24.48	24.85	28.27	28.52
MOUNTAIN	14.75	15.29	18.31	19.06	22.16	23.91	24.72	26.08	26.48
PACIFIC	17.24	19.56	22.78	26.23	26.57	32.57	30.15	33.75	33.97
TYPE OF PRACTICE									
SOLO	15.69	17.08	20.09	22.52	24.23	26.79	25.70	28.66	29.35
NON-SOLO	15.29	16.86	19.73	21.91	23.86	26.60	24.66	27.35	28.64
LOCATION									
NONMETROPOLITAN	11.29	12.78	15.00	16.92	17.65	19.54	20.13	21.84	22.31
METROPOLITAN									
LESS THAN 1,000,000	14.62	15.91	18.63	20.53	22.19	24.00	23.55	25.54	26.85
1,000,000 AND OVER	17.54	19.49	22.43	25.29	27.49	30.66	28.42	32.61	33.43
PHYSICIAN AGE									
LESS THAN 36 YEARS	17.07	17.60	19.23	23.78	23.90	28.00	25.77	28.46	29.20
36-45 YEARS	15.79	17.14	20.52	23.44	25.03	26.64	25.48	28.42	29.42
46-55 YEARS	15.02	16.86	20.13	21.25	24.92	26.69	25.83	27.89	29.45
56-65 YEARS	15.86	17.00	19.10	21.71	22.97	26.84	24.12	27.58	28.12
66 OR MORE YEARS	14.59	16.23	19.88	20.98	22.04	24.82	23.76	26.46	27.41

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS. RESULTS FOR 1982 AND 1983 MAY DIFFER FROM PREVIOUSLY REPORTED RESULTS BECAUSE OF THE CHANGES IN COMPUTATION PROCEDURES.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 32 (CONTINUED). STANDARD ERROR OF THE MEAN FEE FOR A FOLLOW-UP HOSPITAL VISIT (IN DOLLARS), 1974-76, 1978-80, 1982-84*

	1974	1975	1976	1978	1979	1980	1982**	1983**	1984**
ALL PHYSICIANS	0.18	0.20	0.27	0.26	0.28	0.41	0.21	0.27	0.24
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.27	0.27	0.34	0.39	0.39	0.91	0.35	0.44	0.35
INTERNAL MEDICINE	0.39	0.46	0.61	0.60	0.59	0.61	0.45	0.50	0.46
SURGERY	0.37	0.40	0.58	0.53	0.55	0.92	0.43	0.51	0.52
PEDIATRICS	0.54	0.63	0.68	0.69	0.84	0.75	0.58	0.69	0.65
OBSTETRICS/GYNECOLOGY	0.64	0.62	0.90	0.87	0.90	0.94	0.84	1.94	0.93
CENSUS DIVISION									
NEW ENGLAND	0.70	0.64	1.84	0.83	0.94	1.32	0.62	0.83	0.84
MIDDLE ATLANTIC	0.48	0.56	0.65	0.75	0.75	1.43	0.67	0.74	0.75
EAST NORTH CENTRAL	0.36	0.43	0.52	0.55	0.61	0.60	0.40	0.71	0.50
WEST NORTH CENTRAL	0.55	0.54	0.67	0.74	0.81	0.90	0.71	0.68	0.59
SOUTH ATLANTIC	0.48	0.50	0.57	0.70	0.78	0.77	0.61	0.64	0.56
EAST SOUTH CENTRAL	0.76	1.04	0.70	0.91	0.91	0.84	0.47	0.52	0.57
WEST SOUTH CENTRAL	0.62	0.58	0.68	0.71	0.93	0.81	0.55	0.82	0.67
MOUNTAIN	0.93	0.72	1.09	0.80	0.88	1.06	1.00	1.21	0.86
PACIFIC	0.47	0.52	0.80	0.72	0.70	1.37	0.52	0.75	0.64
TYPE OF PRACTICE									
SOLO	0.25	0.27	0.38	0.35	0.40	0.57	0.32	0.42	0.34
NON-SOLO	0.27	0.29	0.38	0.39	0.39	0.58	0.28	0.34	0.33
LOCATION									
NONMETROPOLITAN	0.36	0.36	0.53	0.60	0.52	0.58	0.48	0.53	0.43
METROPOLITAN									
LESS THAN 1,000,000	0.27	0.29	0.41	0.35	0.39	0.38	0.30	0.35	0.31
1,000,000 AND OVER	0.29	0.32	0.41	0.43	0.45	0.76	0.33	0.47	0.40
PHYSICIAN AGE									
LESS THAN 36 YEARS	0.87	0.64	0.81	0.77	0.97	1.07	0.59	0.61	0.53
36-45 YEARS	0.36	0.36	0.53	0.54	0.56	0.51	0.34	0.43	0.40
46-55 YEARS	0.31	0.36	0.44	0.43	0.55	0.58	0.45	0.52	0.49
56-65 YEARS	0.38	0.44	0.46	0.55	0.54	1.44	0.47	0.82	0.56
66 OR MORE YEARS	0.52	0.57	1.24	0.84	0.66	0.7[illegible]	0.76	0.86	1.05

SOURCE: 1982-84, AMA SOCIOECONOMIC MONITORING SYSTEM SURVEYS; 1975-80, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS. RESULTS FOR 1982 AND 1983 MAY DIFFER FROM PREVIOUSLY REPORTED RESULTS BECAUSE OF THE CHANGES IN COMPUTATION PROCEDURES.

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**CAUTION SHOULD BE OBSERVED IN COMPARING 1982 TO 1984 RESULTS WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 33. MEAN PROFESSIONAL EXPENSES OF SELF-EMPLOYED PHYSICIANS (IN THOUSANDS OF DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	92.6	89.0	89.5	131.2	78.2	119.4
CENSUS DIVISION						
NEW ENGLAND	65.1	67.7	50.3	102.0	76.6	75.3
MIDDLE ATLANTIC	82.5	67.2	82.9	128.6	58.7	102.6
EAST NORTH CENTRAL	83.0	88.3	82.7	121.2	86.5	104.0
WEST NORTH CENTRAL	99.7	99.7	95.5	123.1		123.1
SOUTH ATLANTIC	98.1	80.5	99.3	150.7	70.8	116.4
EAST SOUTH CENTRAL	99.8	77.9		124.7	105.4	
WEST SOUTH CENTRAL	116.3	101.0	126.2	144.8	88.2	182.8
MOUNTAIN	85.5	96.3	68.7	101.5		125.9
PACIFIC	98.1	112.3	87.4	137.3	87.4	118.8
TYPE OF PRACTICE						
SOLO	84.6	81.9	82.2	115.6	72.7	114.8
NON-SOLO	105.2	109.0	101.5	158.0	83.4	127.5
LOCATION						
NONMETROPOLITAN	84.9	81.5	77.7	107.3		107.8
METROPOLITAN						
LESS THAN 1,000,000	96.6	91.9	99.3	129.5	86.1	113.2
1,000,000 AND OVER	90.9	92.1	84.1	138.1	71.3	126.6
PHYSICIAN AGE						
LESS THAN 36 YEARS	90.3	90.2	76.5	170.1	81.5	75.5
36-45 YEARS	95.1	107.1	88.7	130.8	81.7	140.0
46-55 YEARS	104.7	95.4	107.9	139.1	78.8	129.1
56-65 YEARS	85.0	89.0	77.3	106.9	73.0	125.3
66 OR MORE YEARS	68.8	53.6	94.0	117.7	64.1	58.9

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATIONPROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 33 (CONTINUED). STANDARD ERROR OF MEAN PROFESSIONAL EXPENSES OF SELF-EMPLOYED PHYSICIANS (IN THOUSANDS OF DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY				
		GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	2.15	4.07	4.43	6.17	4.19	6.15
CENSUS DIVISION						
NEW ENGLAND	5.67	14.02	8.70	14.41	10.19	21.42
MIDDLE ATLANTIC	6.21	13.00	8.26	23.88	6.34	11.26
EAST NORTH CENTRAL	3.70	9.03	9.36	8.05	14.10	11.95
WEST NORTH CENTRAL	8.31	11.67	22.83	19.09		21.49
SOUTH ATLANTIC	5.72	5.51	14.19	18.58	6.25	10.74
EAST SOUTH CENTRAL	7.13	12.06		13.96	26.98	
WEST SOUTH CENTRAL	6.83	9.87	14.93	17.57	18.28	29.98
MOUNTAIN	7.91	17.04	10.81	10.39		21.90
PACIFIC	5.60	16.57	9.72	13.36	8.86	16.40
TYPE OF PRACTICE						
SOLO	2.35	4.31	5.21	6.60	5.54	7.31
NON-SOLO	4.05	9.43	7.90	12.13	6.24	11.05
LOCATION						
NONMETROPOLITAN	3.81	5.72	6.96	9.82		8.84
METROPOLITAN						
LESS THAN 1,000,000	3.46	6.52	8.40	9.44	6.84	8.38
1,000,000 AND OVER	3.25	8.51	5.50	9.67	5.31	10.10
PHYSICIAN AGE						
LESS THAN 36 YEARS	8.25	9.85	8.28	38.65	18.25	11.41
36-45 YEARS	3.16	9.27	7.25	7.09	5.85	8.49
46-55 YEARS	5.29	10.28	13.14	13.70	7.67	13.82
56-65 YEARS	3.71	7.82	7.66	6.69	12.97	15.27
66 OR MORE YEARS	4.29	4.98	10.86	17.58	10.76	6.30

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXLUDING RESIDENTS

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATIONPROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
.INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 34. MEAN PROFESSIONAL EXPENSES (IN THOUSANDS OF DOLLARS), 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	34.0	38.5	45.5	46.4	52.9	74.0	78.4	85.9	92.6
SPECIALTY									
GENERAL/FAMILY PRACTICE	36.7	38.6	46.1	47.8	55.7	72.7	75.7	80.5	89.0
INTERNAL MEDICINE	35.8	40.4	45.6	44.8	52.5	76.0	75.8	87.5	89.5
SURGERY	39.3	49.1	60.4	63.4	69.3	92.1	105.0	113.3	131.2
PEDIATRICS	30.0	34.6	39.1	35.1	51.0	63.9	66.7	66.6	78.2
OBSTETRICS/GYNECOLOGY	41.9	48.5	60.9	61.9	67.0	99.6	109.0	108.0	119.4
CENSUS DIVISION									
NEW ENGLAND	24.6	28.4	36.5	31.1	38.0	53.8	69.6	72.8	65.1
MIDDLE ATLANTIC	28.0	33.4	34.2	39.6	41.8	65.7	59.0	68.7	82.5
EAST NORTH CENTRAL	33.8	39.9	41.4	45.8	52.1	72.4	71.2	86.8	83.0
WEST NORTH CENTRAL	35.4	37.7	45.6	47.4	52.0	78.3	87.8	87.1	99.7
SOUTH ATLANTIC	37.1	36.8	48.9	45.8	54.9	78.4	82.3	90.4	98.1
EAST SOUTH CENTRAL	40.2	48.0	47.5	53.1	66.0	92.0	86.3	89.2	99.8
WEST SOUTH CENTRAL	39.0	44.8	56.4	52.4	61.2	83.3	100.7	107.4	116.3
MOUNTAIN	34.2	36.5	52.9	48.7	54.5	62.9	77.6	70.8	85.5
PACIFIC	38.4	44.3	53.0	53.1	60.2	77.8	78.1	89.7	98.1
TYPE OF PRACTICE									
SOLO	33.2	38.0	43.6	47.7	50.5	71.1	71.2	77.8	84.6
NON-SOLO	35.0	39.1	48.6	44.7	55.8	79.7	87.9	98.8	105.2
LOCATION									
NONMETROPOLITAN	33.9	40.0	47.5	53.0	62.1	73.2	82.9	88.0	84.9
METROPOLITAN									
LESS THAN 1,000,000	35.4	38.7	48.2	49.1	53.4	82.0	78.1	91.5	96.6
1,000,000 AND OVER	32.9	38.0	42.8	42.7	50.9	68.6	77.5	79.7	90.9
PHYSICIAN AGE									
LESS THAN 36 YEARS	23.3	29.0	31.1	28.2	37.4	51.4	55.6	67.3	90.3
36-45 YEARS	36.4	41.3	52.2	47.9	59.6	76.3	77.6	88.9	95.1
46-55 YEARS	39.9	43.2	52.1	55.9	63.3	92.3	96.4	100.8	104.7
56-65 YEARS	32.6	39.0	43.6	48.3	49.3	67.7	80.4	82.5	85.0
66 OR MORE YEARS	23.7	24.2	28.6	32.2	36.4	68.3	56.0	62.1	68.8

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**CAUTION SHOULD BE OBSERVED IN COMPARING RESULTS FOR 1981 TO 1984 WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 34 (CONTINUED). STANDARD ERROR OF MEAN PROFESSIONAL EXPENSES (IN THOUSANDS OF DOLLARS), 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	0.47	0.54	0.87	0.87	1.01	2.39	1.84	1.72	2.15
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.99	1.04	1.51	1.65	2.09	4.31	2.90	3.32	4.07
INTERNAL MEDICINE	1.21	1.25	1.58	1.56	2.17	5.24	3.48	4.35	4.43
SURGERY	0.84	1.22	2.19	2.41	2.26	5.56	5.00	3.74	6.17
PEDIATRICS	1.35	1.76	2.19	2.14	3.37	9.24	4.75	3.26	4.19
OBSTETRICS/GYNECOLOGY	1.82	2.16	3.42	3.29	4.47	11.85	6.33	5.02	6.15
CENSUS DIVISION									
NEW ENGLAND	1.33	1.71	2.44	2.01	2.60	6.83	7.98	5.46	5.67
MIDDLE ATLANTIC	0.87	1.11	1.20	1.73	2.08	4.79	4.13	3.71	6.21
EAST NORTH CENTRAL	1.12	1.35	1.52	2.33	2.43	5.98	3.58	4.63	3.70
WEST NORTH CENTRAL	1.73	2.15	2.90	3.23	2.89	6.13	8.82	6.39	8.31
SOUTH ATLANTIC	1.50	1.30	2.15	1.94	2.45	7.16	4.79	4.16	5.72
EAST SOUTH CENTRAL	2.66	3.69	3.10	4.57	6.13	17.53	7.65	5.39	7.13
WEST SOUTH CENTRAL	1.53	1.80	4.27	3.35	3.67	6.71	5.97	7.21	6.83
MOUNTAIN	1.52	1.82	6.69	2.85	3.67	6.31	5.85	5.04	7.91
PACIFIC	1.30	1.45	2.36	2.40	2.83	5.11	4.65	4.15	5.60
TYPE OF PRACTICE									
SOLO	0.56	0.68	0.97	1.13	1.05	2.89	1.92	1.96	2.35
NON-SOLO	0.78	0.87	1.64	1.36	1.85	4.23	3.40	3.12	4.05
LOCATION									
NONMETROPOLITAN	1.16	1.71	2.21	2.47	2.93	4.14	4.87	5.11	3.81
METROPOLITAN									
LESS THAN 1,000,000	0.78	0.85	1.57	1.38	1.50	5.18	2.63	2.56	3.46
1,000,000 AND OVER	0.67	0.77	1.11	1.25	1.45	3.00	3.01	2.59	3.25
PHYSICIAN AGE									
LESS THAN 36 YEARS	1.15	2.06	1.64	2.21	1.76	3.86	3.10	3.85	8.25
36-45 YEARS	0.91	1.02	1.72	1.76	2.28	3.95	3.12	3.17	3.16
46-55 YEARS	0.93	1.00	1.85	1.96	2.30	6.41	4.41	3.68	5.29
56-65 YEARS	0.92	1.16	1.79	1.60	1.61	3.83	4.09	3.48	3.71
66 OR MORE YEARS	1.14	1.14	1.61	1.51	2.07	9.01	3.67	4.46	4.29

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING RESULTS FOR 1981 TO 1984 WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 35. MEDIAN PROFESSIONAL EXPENSES OF SELF-EMPLOYED PHYSICIANS (IN THOUSANDS OF DOLLARS), 1984*

		SPECIALTY				
	ALL PHYSICIANS**	GENERAL & FAMILY PRACTICE	INTERNAL MEDICINE	SURGERY	PEDIATRICS	OBSTETRICS/ GYNECOLOGY
ALL PHYSICIANS	73.0	75.0	73.0	105.0	69.0	102.5
CENSUS DIVISION						
NEW ENGLAND	50.0	56.5	45.0	86.5	68.0	50.0
MIDDLE ATLANTIC	64.0	48.0	77.0	100.0	51.5	98.0
EAST NORTH CENTRAL	69.5	85.0	60.0	107.0	69.0	94.0
WEST NORTH CENTRAL	80.0	80.0	79.0	101.0	.	102.0
SOUTH ATLANTIC	75.0	73.0	77.0	111.0	67.0	114.5
EAST SOUTH CENTRAL	84.0	70.0	.	93.5	89.5	.
WEST SOUTH CENTRAL	88.0	87.0	102.0	135.0	75.5	162.0
MOUNTAIN	65.5	75.5	69.5	92.0	.	105.0
PACIFIC	74.0	79.0	71.0	118.0	78.5	104.0
TYPE OF PRACTICE						
SOLO	68.0	71.0	70.5	89.0	64.0	101.0
NON-SOLO	81.0	89.0	84.0	122.0	71.5	111.0
LOCATION						
NONMETROPOLITAN	76.0	73.0	84.5	91.5	.	110.5
METROPOLITAN						
LESS THAN 1,000,000	76.0	82.0	79.0	100.0	72.5	92.0
1,000,000 AND OVER	68.0	72.5	69.0	113.5	65.0	105.0
PHYSICIAN AGE						
LESS THAN 36 YEARS	68.0	75.0	75.0	117.0	56.0	70.5
36-45 YEARS	76.0	90.0	69.5	115.0	75.0	130.5
46-55 YEARS	83.0	84.0	90.0	107.0	71.0	107.0
56-65 YEARS	69.0	75.0	63.0	89.0	65.0	104.5
66 OR MORE YEARS	56.0	50.5	97.0	89.0	61.0	55.0

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATIONPROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 36. MEDIAN PROFESSIONAL EXPENSES (IN THOUSANDS OF DOLLARS), 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	30.0	31.0	36.0	35.0	40.0	52.0	60.0	67.0	73.0
SPECIALTY									
GENERAL/FAMILY PRACTICE	32.0	35.0	40.0	40.0	44.0	57.5	64.0	69.0	75.0
INTERNAL MEDICINE	32.0	35.0	39.0	40.0	42.0	60.0	66.0	66.0	73.0
SURGERY	35.0	40.0	47.0	50.0	52.0	70.0	75.5	98.5	105.0
PEDIATRICS	27.0	30.0	38.0	31.0	40.0	50.0	57.0	63.0	69.0
OBSTETRICS/GYNECOLOGY	37.0	40.0	50.0	50.0	59.5	75.0	95.0	98.5	102.5
CENSUS DIVISION									
NEW ENGLAND	20.0	24.0	30.0	25.0	30.0	40.0	47.0	55.0	50.0
MIDDLE ATLANTIC	23.2	28.0	30.0	30.0	30.0	50.0	47.0	51.0	64.0
EAST NORTH CENTRAL	29.6	30.0	34.0	35.0	40.0	50.0	60.0	65.0	69.5
WEST NORTH CENTRAL	30.0	33.0	35.0	35.0	46.0	76.0	64.0	69.0	80.0
SOUTH ATLANTIC	31.6	30.0	40.0	35.5	44.0	50.0	60.5	71.0	75.0
EAST SOUTH CENTRAL	31.0	40.0	45.0	40.0	44.0	58.0	70.5	80.0	84.0
WEST SOUTH CENTRAL	35.0	40.0	40.0	40.0	45.0	62.0	80.0	77.5	88.0
MOUNTAIN	30.0	35.0	40.0	40.0	44.0	49.0	63.0	60.5	65.5
PACIFIC	35.0	40.0	40.0	40.0	45.0	58.0	60.0	71.0	74.0
TYPE OF PRACTICE									
SOLO	28.0	30.0	35.0	38.0	40.0	50.0	59.0	60.0	68.0
NON-SOLO	30.0	33.0	40.0	31.5	40.0	60.0	64.0	78.0	81.0
LOCATION									
NONMETROPOLITAN	30.0	34.0	40.0	43.0	45.0	59.0	66.0	70.0	76.0
METROPOLITAN									
LESS THAN 1,000,000	30.0	32.0	40.0	40.0	40.0	56.0	63.0	72.0	76.0
1,000,000 AND OVER	28.0	30.0	33.5	30.0	38.0	50.0	57.0	60.0	68.0
PHYSICIAN AGE									
LESS THAN 36 YEARS	19.1	20.0	22.0	21.0	30.0	40.0	47.0	58.0	68.0
36-45 YEARS	31.0	35.0	40.0	40.0	45.0	53.5	63.0	69.0	76.0
46-55 YEARS	35.0	38.0	40.0	43.0	45.0	66.0	69.0	82.5	83.0
56-65 YEARS	28.0	33.0	35.0	40.0	40.0	53.0	63.0	61.0	69.0
66 OR MORE YEARS	18.0	19.0	20.0	25.0	28.0	45.0	46.0	46.0	56.0

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING RESULTS FOR 1981 TO 1984 WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 37. MEANS OF SELECTED COMPONENTS OF PROFESSIONAL EXPENSES (IN THOUSANDS OF DOLLARS), 1984*

	NON-PHYSICIAN PAYROLL	OFFICE EXPENSES	MEDICAL SUPPLIES	PROFESSIONAL LIABILITY INSURANCE	MEDICAL EQUIPMENT
ALL PHYSICIANS	30.6	24.0	10.5	8.4	5.5
SPECIALTY					
GENERAL/FAMILY PRACTICE	31.1	23.1	13.8	4.6	4.9
INTERNAL MEDICINE	32.4	22.7	11.3	4.9	4.8
SURGERY	42.9	33.3	13.9	13.4	8.5
PEDIATRICS	28.9	23.2	9.8	3.5	3.5
OBSTETRICS/GYNECOLOGY	36.0	30.6	12.8	18.8	7.3
CENSUS DIVISION					
NEW ENGLAND	20.7	16.1	4.6	7.3	2.7
MIDDLE ATLANTIC	26.5	21.6	7.8	10.4	5.4
EAST NORTH CENTRAL	28.0	19.0	10.0	7.7	3.9
WEST NORTH CENTRAL	37.4	31.6	9.0	8.3	5.0
SOUTH ATLANTIC	33.7	25.7	12.2	8.6	6.0
EAST SOUTH CENTRAL	37.7	22.7	13.8	6.5	5.1
WEST SOUTH CENTRAL	35.3	31.0	15.4	5.4	8.3
MOUNTAIN	24.8	20.2	10.3	7.5	6.9
PACIFIC	31.8	26.6	10.3	10.0	5.4
TYPE OF PRACTICE					
SOLO	25.5	23.1	10.1	7.9	4.9
NON-SOLO	38.9	25.4	11.1	9.2	6.3
LOCATION					
NONMETROPOLITAN	29.7	19.8	11.9	7.1	4.5
METROPOLITAN					
LESS THAN 1,000,000	32.5	25.0	11.5	7.8	6.2
1,000,000 AND OVER	29.1	24.0	9.2	9.2	5.0
PHYSICIAN AGE					
LESS THAN 36 YEARS	29.5	24.8	9.9	6.5	9.1
36-45 YEARS	30.7	25.0	10.8	8.5	6.0
46-55 YEARS	35.6	25.3	11.2	9.4	5.5
56-65 YEARS	28.3	21.9	9.7	8.7	3.5
66 OR MORE YEARS	22.4	19.7	10.0	6.6	3.1

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA EXCLUDE EMPLOYEE PHYSICIANS. DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 37 (CONTINUED). STANDARD ERRORS OF MEANS OF SELECTED COMPONENTS OF PROFESSIONAL EXPENSES (IN THOUSANDS OF DOLLARS), 1984*

	NON-PHYSICIAN PAYROLL	OFFICE EXPENSES	MEDICAL SUPPLIES	PROFESSIONAL LIABILITY INSURANCE	MEDICAL EQUIPMENT
ALL PHYSICIANS	0.86	0.78	0.43	0.20	0.35
SPECIALTY					
GENERAL/FAMILY PRACTICE	1.45	1.47	1.13	0.27	0.52
INTERNAL MEDICINE	1.97	1.23	0.87	0.27	0.51
SURGERY	2.53	2.27	1.04	0.48	0.92
PEDIATRICS	1.78	2.11	0.82	0.18	0.42
OBSTETRICS/GYNECOLOGY	2.14	2.88	1.10	0.93	1.38
CENSUS DIVISION					
NEW ENGLAND	2.27	1.70	0.66	0.72	0.50
MIDDLE ATLANTIC	2.59	1.92	0.82	0.59	1.01
EAST NORTH CENTRAL	1.56	1.23	0.94	0.42	0.40
WEST NORTH CENTRAL	4.23	4.94	1.35	0.76	0.93
SOUTH ATLANTIC	2.23	1.92	1.06	0.46	0.80
EAST SOUTH CENTRAL	3.28	2.45	2.14	0.91	0.56
WEST SOUTH CENTRAL	2.25	3.61	1.68	0.40	0.91
MOUNTAIN	2.16	2.05	1.54	0.62	3.11
PACIFIC	2.19	1.74	1.24	0.52	0.73
TYPE OF PRACTICE					
SOLO	0.82	0.92	0.51	0.24	0.33
NON-SOLO	1.77	1.38	0.75	0.33	0.74
LOCATION					
NONMETROPOLITAN	1.44	1.47	1.25	0.51	0.45
METROPOLITAN					
LESS THAN 1,000,000	1.36	1.25	0.74	0.28	0.70
1,000,000 AND OVER	1.32	1.17	0.54	0.31	0.39
PHYSICIAN AGE					
LESS THAN 36 YEARS	3.16	2.74	1.14	0.50	2.05
36-45 YEARS	1.36	1.35	0.73	0.33	0.46
46-55 YEARS	2.12	1.75	0.79	0.44	0.70
56-65 YEARS	1.34	1.28	1.03	0.42	0.36
66 OR MORE YEARS	1.67	1.81	1.58	0.58	0.65

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA EXCLUDE EMPLOYEE PHYSICIANS. DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON INFORMATION FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

TABLE 38. MEAN PHYSICIAN NET INCOME AFTER EXPENSES BEFORE TAXES (IN THOUSANDS OF DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	108.4	71.1	103.2	151.8	74.5	116.2	139.8	85.5	145.4	118.0
CENSUS DIVISION										
NEW ENGLAND	87.3	54.3	81.7	118.2	73.2	93.8		72.8	.	
MIDDLE ATLANTIC	98.4	62.5	104.5	139.6	65.5	100.2	120.6	80.5	135.4	95.1
EAST NORTH CENTRAL	109.4	73.8	110.2	146.1	75.4	104.8	137.8	106.1	139.2	113.6
WEST NORTH CENTRAL	110.7	69.1	87.3	154.9	74.5	129.4	151.9	95.8	160.5	.
SOUTH ATLANTIC	114.5	69.1	101.6	160.5	71.3	128.0	155.3	82.3	162.2	131.5
EAST SOUTH CENTRAL	122.2	75.2	104.5	186.3	93.3	.	131.8	.	.	.
WEST SOUTH CENTRAL	119.1	81.2	131.0	168.9	90.3	116.1	147.3	99.6	143.7	.
MOUNTAIN	102.3	71.4	82.6	137.8	49.5	114.1	107.3	89.4	.	149.9
PACIFIC	109.4	72.3	102.3	148.7	79.6	129.1	143.8	80.4	144.1	115.3
TYPE OF PRACTICE										
SOLO	103.8	69.0	107.7	144.7	75.7	109.1	114.9	87.4	142.6	
NON-SOLO	111.9	73.5	99.9	158.9	74.0	123.3	143.9	82.0	146.6	118.0
LOCATION										
NONMETROPOLITAN	90.9	67.1	91.8	143.7	55.0	114.9	122.9			
METROPOLITAN										
LESS THAN 1,000,000	115.1	73.1	114.4	166.2	78.8	110.9	144.3	87.4	152.1	134.4
1,000,000 AND OVER	106.4	71.7	97.8	140.6	72.3	120.8	138.5	84.7	146.4	104.9
EMPLOYMENT STATUS										
SELF-EMPLOYED	118.6	74.6	114.9	160.0	82.8	120.1	161.0	90.1	158.3	140.3
EMPLOYEE	80.4	58.2	70.9	107.2	59.0	86.7	96.9	74.6	109.0	98.5
PHYSICIAN AGE										
LESS THAN 36 YEARS	78.9	57.3	78.7	113.8	40.3	94.9	83.3	72.1	115.5	.
36-45 YEARS	117.3	79.5	115.2	167.6	70.6	123.1	148.0	92.7	147.2	112.6
46-55 YEARS	129.2	77.8	119.3	165.9	97.6	137.0	165.2	92.5	165.5	127.7
56-65 YEARS	104.1	78.4	93.3	127.5	97.9	113.9	153.6	82.8	146.1	128.2
66 OR MORE YEARS	78.3	52.8	91.1	132.9	61.6	73.5	114.3	61.6		

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
.INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 38 (CONTINUED). STANDARD ERROR OF MEAN PHYSICIAN NET INCOME AFTER TAXES BEFORE EXPENSES (IN THOUSANDS OF DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	1.29	1.75	3.04	4.01	2.76	3.90	5.53	2.31	4.85	5.23
CENSUS DIVISION										
NEW ENGLAND	3.45	8.62	8.47	11.70	7.35	8.60	.	4.80	.	.
MIDDLE ATLANTIC	2.78	5.13	6.18	10.22	5.12	6.60	10.05	5.80	11.14	5.51
EAST NORTH CENTRAL	3.20	4.49	10.08	9.66	5.32	10.05	16.67	7.63	10.18	8.10
WEST NORTH CENTRAL	5.35	4.56	10.11	16.77	13.30	22.24	18.03	8.21	17.43	.
SOUTH ATLANTIC	3.49	3.65	6.56	10.87	5.04	9.57	15.47	4.12	13.72	11.71
EAST SOUTH CENTRAL	6.05	6.97	14.07	15.03	20.05	.	21.76	.	.	.
WEST SOUTH CENTRAL	4.53	5.87	12.88	12.22	14.19	10.97	19.70	9.14	22.65	.
MOUNTAIN	4.34	6.84	5.91	10.76	6.62	18.93	15.75	9.14	.	24.00
PACIFIC	3.11	4.66	6.99	9.45	6.91	11.12	12.31	5.22	9.83	16.97
TYPE OF PRACTICE										
SOLO	1.98	2.48	4.84	5.67	5.28	5.61	11.64	3.15	7.71	.
NON-SOLO	1.70	2.43	3.88	5.64	3.23	5.35	6.10	3.02	6.13	5.59
LOCATION										
NONMETROPOLITAN	3.09	3.18	8.76	7.77	9 17	14.03	13.82			
METROPOLITAN										
LESS THAN 1,000,000	2.20	2.65	5.98	7.07	4.51	5.42	8.45	3.65	6.48	8.03
1,000,000 AND OVER	1.75	3.33	3.58	5.20	3.57	5.90	8.29	3.08	7.22	6.80
EMPLOYMENT STATUS										
SELF-EMPLOYED	1.61	2.06	3.80	4.44	3.47	4.17	7.02	2.97	5.70	8.28
EMPLOYEE	1.58	2.81	2.33	7.55	4.07	9.12	5.84	3.01	6.84	5.43
PHYSICIAN AGE										
LESS THAN 36 YEARS	2.52	2.95	5.74	11.61	3.94	10.92	4.66	8.38	14.06	.
36-45 YEARS	2.30	3.78	5.24	7.36	3.28	6.82	8.39	4.25	7.76	7.22
46-55 YEARS	2.91	4.02	7.33	7.45	7.84	7.84	10.81	4.63	8.44	9.68
56-65 YEARS	2.43	3.57	4.53	6.12	7.12	8.10	19.32	4.23	10.64	14.03
66 OR MORE YEARS	4.31	4.64	12.91	19.63	8.02	6.84	20.19	4.78	.	.

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.
**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
.INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 39. MEAN PHYSICIAN NET INCOME AFTER EXPENSES BEFORE TAXES (IN THOUSANDS OF DOLLARS), 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	52.0	56.4	61.2	65.5	78.4	93.0	99.5	106.3	108.4
SPECIALTY									
GENERAL/FAMILY PRACTICE	44.7	45.4	51.1	54.6	62.0	72.2	71.9	68.5	71.1
INTERNAL MEDICINE	51.4	57.0	61.5	63.8	76.2	85.1	86.8	93.3	103.2
SURGERY	60.5	68.2	74.0	82.6	96.0	118.6	130.5	145.5	151.8
PEDIATRICS	42.1	44.3	48.2	51.2	60.4	65.1	70.3	70.7	74.5
OBSTETRICS/GYNECOLOGY	61.7	63.3	69.9	70.3	91.8	110.8	115.8	119.9	116.2
RADIOLOGY	63.8	75.2	76.7	81.5	98.0	116.9	136.8	148.0	139.8
PSYCHIATRY	41.3	44.8	48.2	50.2	62.6	70.6	76.5	80.0	85.5
ANESTHESIOLOGY	54.4	57.1	65.5	74.2	91.4	118.6	131.4	144.7	145.4
CENSUS DIVISION									
NEW ENGLAND	46.3	47.2	53.1	54.9	66.6	85.0	82.2	84.5	87.3
MIDDLE ATLANTIC	47.7	53.2	55.9	59.1	73.2	85.6	91.1	98.6	98.4
EAST NORTH CENTRAL	54.2	59.9	62.7	69.9	81.2	100.9	106.2	114.3	109.4
WEST NORTH CENTRAL	53.6	56.6	61.1	70.2	79.4	87.4	106.5	110.5	110.7
SOUTH ATLANTIC	54.4	58.2	61.8	64.9	79.8	92.6	97.9	106.7	114.5
EAST SOUTH CENTRAL	58.4	65.5	68.2	79.7	87.0	97.5	106.8	114.9	122.2
WEST SOUTH CENTRAL	57.7	61.4	67.9	70.9	85.8	101.6	118.7	124.4	119.1
MOUNTAIN	49.5	54.7	57.5	61.8	73.5	92.6	95.8	91.4	102.3
PACIFIC	50.9	54.8	63.6	64.9	78.6	91.7	92.9	103.1	109.4
TYPE OF PRACTICE									
SOLO	48.5	51.6	56.3	61.3	75.8	88.4	93.4	100.0	103.8
NON-SOLO	55.6	61.1	68.3	69.9	80.7	96.6	104.0	111.3	111.9
LOCATION									
NONMETROPOLITAN	48.5	50.2	56.7	64.8	74.1	87.1	86.9	87.2	90.9
METROPOLITAN									
LESS THAN 1,000,000	53.7	58.8	63.2	67.4	78.8	99.6	103.9	111.0	115.1
1,000,000 AND OVER	51.5	55.6	60.6	63.9	78.8	90.2	98.4	106.3	106.4
PHYSICIAN AGE									
LESS THAN 36 YEARS	40.6	43.7	49.6	49.0	64.3	62.5	73.3	77.0	78.9
36-45 YEARS	57.1	62.9	69.9	70.1	87.5	98.1	108.2	110.2	117.3
46-55 YEARS	58.9	62.3	67.7	76.2	87.1	110.8	116.5	133.6	129.2
56-65 YEARS	49.3	54.1	58.7	65.3	75.9	95.6	99.5	103.1	104.1
66 OR MORE YEARS	34.0	35.0	36.8	44.4	54.9	68.3	64.3	71.9	78.3

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

**CAUTION SHOULD BE OBSERVED IN COMPARING RESULTS FOR 1981 TO 1984 WITH RESULTS FOR PREVIOUS YEARS BECAUSE OF CHANGES IN METHODOLOGY MADE IN THE TRANSITION FROM THE PERIODIC SURVEYS OF PHYSICIANS TO THE SOCIOECONOMIC MONITORING SYSTEM.

TABLE 39 (CONTINUED). STANDARD ERROR OF MEAN PHYSICIAN NET INCOME AFTER TAXES BEFORE EXPENSES (IN THOUSANDS OF DOLLARS), 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	0.43	0.48	0.57	0.65	0.71	1.53	1.23	1.41	1.29
SPECIALTY									
GENERAL/FAMILY PRACTICE	0.82	0.75	1.05	1.11	1.30	3.34	1.88	1.71	1.75
INTERNAL MEDICINE	0.97	1.12	1.30	1.38	1.57	3.28	2.38	3.24	3.04
SURGERY	1.00	1.24	1.42	1.82	1.67	4.04	3.85	4.24	4.01
PEDIATRICS	1.15	1.57	1.52	1.61	1.54	4.86	2.69	3.58	2.76
OBSTETRICS/GYNECOLOGY	1.78	1.73	2.14	2.16	2.87	9.16	4.69	4.97	3.90
RADIOLOGY	2.17	2.40	2.88	2.90	5.39	4.05	4.39	5.60	5.53
PSYCHIATRY	1.09	1.01	1.28	1.37	2.01	2.54	2.82	2.70	2.31
ANESTHESIOLOGY	1.29	1.65	2.78	2.71	2.62	4.97	4.53	4.48	4.85
CENSUS DIVISION									
NEW ENGLAND	1.51	1.61	1.84	2.08	2.11	7.51	3.42	3.41	3.45
MIDDLE ATLANTIC	0.91	1.17	1.23	1.64	1.83	4.46	3.11	3.88	2.78
EAST NORTH CENTRAL	1.08	1.26	1.39	1.74	1.70	4.58	3.16	4.16	3.20
WEST NORTH CENTRAL	1.76	1.68	2.00	2.58	2.12	3.74	4.88	6.36	5.35
SOUTH ATLANTIC	1.18	1.18	1.48	1.64	1.67	3.19	2.78	3.10	3.49
EAST SOUTH CENTRAL	2.19	2.46	2.71	3.41	4.01	5.56	4.33	5.34	6.05
WEST SOUTH CENTRAL	1.63	2.00	2.33	2.26	2.75	4.11	5.28	4.74	4.53
MOUNTAIN	1.60	1.93	2.31	2.23	2.47	4.74	4.87	4.54	4.34
PACIFIC	1.03	1.00	1.40	1.30	1.70	3.47	2.70	3.02	3.11
TYPE OF PRACTICE									
SOLO	0.61	0.67	0.72	0.92	1.07	2.41	1.91	2.13	1.98
NON-SOLO	0.60	0.68	0.90	0.90	0.95	1.95	1.60	1.89	1.70
LOCATION									
NONMETROPOLITAN	1.14	1.26	1.68	1.70	2.36	2.23	2.87	2.74	3.09
METROPOLITAN									
LESS THAN 1,000,000	0.67	0.76	0.91	1.07	1.05	2.84	1.84	2.09	2.20
1,000,000 AND OVER	0.64	0.70	0.82	0.91	1.05	2.29	1.93	2.24	1.75
PHYSICIAN AGE									
LESS THAN 36 YEARS	1.16	1.44	1.30	1.64	1.59	2.20	2.09	2.30	2.52
36-45 YEARS	0.77	0.87	1.09	1.22	1.37	2.49	2.39	2.21	2.30
46-55 YEARS	0.80	0.91	1.01	1.29	1.47	3.59	2.54	3.54	2.91
56-65 YEARS	0.84	0.93	1.33	1.32	1.47	4.06	2.63	3.27	2.43
66 OR MORE YEARS	1.18	1.13	1.38	1.33	1.71	3.02	3.28	3.30	4.31

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974 79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

*DATA, OTHER THAN IN THE SPECIALTY BREAKDOWN, ARE BASED ON RESPONSES FROM PHYSICIANS IN ALL SPECIALTIES. SEE APPENDIX FOR INFORMATION ON DEFINITIONS AND COMPUTATION PROCEDURES.

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TABLE 40. MEDIAN PHYSICIAN NET INCOME AFTER EXPENSES BEFORE TAXES (IN THOUSANDS OF DOLLARS), 1984*

	ALL PHYSICIANS**	SPECIALTY								
		GP/FP	INT MED	SURG	PED	OB/GYN	RAD	PSYCH	ANES	PATH
ALL PHYSICIANS	92.0	63.0	90.0	130.0	68.0	106.0	122.0	80.0	150.0	106.0
CENSUS DIVISION										
NEW ENGLAND	80.0	59.0	70.0	100.0	72.0	100.0		65.0		
MIDDLE ATLANTIC	85.0	56.0	97.5	116.0	64.0	90.0	118.0	70.5	138.0	95.0
EAST NORTH CENTRAL	97.0	69.0	90.0	128.5	69.5	94.5	115.0	96.0	125.0	108.0
WEST NORTH CENTRAL	90.0	66.0	88.0	130.0	60.0	110.0	133.5	95.0	163.5	
SOUTH ATLANTIC	93.0	60.0	83.0	132.0	65.0	109.5	140.0	80.0	155.0	125.0
EAST SOUTH CENTRAL	100.0	65.0	112.5	174.0	70.0	.	115.0			
WEST SOUTH CENTRAL	100.0	75.0	110.5	150.0	68.5	113.5	122.0	99.0	150.0	
MOUNTAIN	92.0	60.0	83.5	120.0	46.5	102.5	109.0	98.0	.	142.5
PACIFIC	95.0	63.0	91.0	122.0	81.0	111.5	120.0	71.0	150.0	105.0
TYPE OF PRACTICE										
SOLO	90.0	60.0	94.0	118.5	67.5	105.0	110.0	83.5	150.0	
NON-SOLO	95.0	66.0	88.0	140.0	68.0	110.0	124.5	72.0	140.0	106.0
LOCATION										
NONMETROPOLITAN	78.0	60.0	82.0	133.5	46.5	120.0	110.5			
METROPOLITAN										
LESS THAN 1,000,000	97.0	63.0	100.0	142.5	70.5	101.0	130.0	84.0	150.0	127.0
1,000,000 AND OVER	92.0	65.0	86.0	120.0	67.0	110.0	122.0	80.0	145.5	101.5
EMPLOYMENT STATUS										
SELF-EMPLOYED	100.0	68.0	100.0	140.0	75.5	110.0	145.0	85.0	157.5	126.0
EMPLOYEE	74.0	54.0	69.0	100.0	57.0	80.0	92.0	70.0	101.0	95.0
PHYSICIAN AGE										
LESS THAN 36 YEARS	68.0	52.5	68.5	96.5	35.5	82.5	78.5	60.0	97.5	
36-45 YEARS	100.0	76.5	100.0	140.0	65.0	117.0	130.0	88.5	150.0	100.0
46-55 YEARS	112.0	70.5	105.0	144.0	90.0	120.0	150.0	83.0	174.0	120.0
56-65 YEARS	92.0	67.0	91.0	108.0	81.0	100.0	128.5	82.5	138.0	110.0
66 OR MORE YEARS	65.0	45.5	72.0	88.0	55.5	80.0	115.0	60.0		

SOURCE: 1985 AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEY. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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**INCLUDES PHYSICIANS IN SPECIALTIES NOT LISTED SEPARATELY.
. INDICATES FEWER THAN TEN OBSERVATIONS.

TABLE 41. MEDIAN PHYSICIAN NET INCOME AFTER EXPENSES BEFORE TAXES (IN THOUSANDS OF DOLLARS), 1974-75, 1977-79, 1981-84*

	1974	1975	1977	1978	1979	1981**	1982**	1983**	1984**
ALL PHYSICIANS	50.0	50.0	56.0	60.0	70.0	78.0	85.0	90.0	92.0
SPECIALTY									
GENERAL/FAMILY PRACTICE	40.5	42.0	48.0	50.0	58.0	60.0	63.0	63.0	63.0
INTERNAL MEDICINE	50.0	52.0	59.0	60.0	70.0	74.5	75.0	80.0	90.0
SURGERY	56.0	60.0	70.0	75.0	86.0	100.0	112.0	125.0	130.0
PEDIATRICS	40.0	42.0	48.0	50.0	58.0	57.0	63.0	61.5	68.0
OBSTETRICS/GYNECOLOGY	58.5	60.0	65.0	69.5	82.0	96.0	110.0	107.0	106.0
RADIOLOGY	60.0	71.0	72.0	79.5	86.0	110.0	127.5	130.0	122.0
PSYCHIATRY	40.0	43.0	46.0	50.0	60.0	63.0	69.0	72.0	80.0
ANESTHESIOLOGY	52.0	54.5	64.0	72.0	84.5	110.0	120.0	140.0	150.0
CENSUS DIVISION									
NEW ENGLAND	43.0	44.0	50.0	50.0	60.0	67.5	72.0	77.0	80.0
MIDDLE ATLANTIC	45.0	48.0	53.0	52.0	62.0	70.0	75.0	80.0	85.0
EAST NORTH CENTRAL	50.0	54.0	60.0	63.0	75.0	84.5	92.0	93.0	97.0
WEST NORTH CENTRAL	50.0	50.0	56.0	64.0	72.0	80.0	91.0	88.0	90.0
SOUTH ATLANTIC	50.0	53.0	56.0	60.0	73.0	78.0	81.5	90.0	93.0
EAST SOUTH CENTRAL	55.0	60.0	67.0	75.0	80.0	84.0	95.0	100.0	100.0
WEST SOUTH CENTRAL	52.0	57.0	61.0	66.0	75.0	87.5	100.0	106.0	100.0
MOUNTAIN	48.5	50.0	54.0	58.0	70.0	80.0	83.0	81.5	92.0
PACIFIC	48.0	50.0	60.0	60.0	70.0	80.0	80.0	90.0	95.0
TYPE OF PRACTICE									
SOLO	45.0	46.0	50.0	55.0	66.0	72.0	79.0	85.0	90.0
NON-SOLO	52.0	57.0	62.0	65.0	75.0	81.0	90.0	94.0	95.0
LOCATION									
NONMETROPOLITAN	45.0	45.0	50.5	60.0	65.0	75.0	77.0	79.0	78.0
METROPOLITAN									
LESS THAN 1,000,000	50.0	53.0	60.0	60.0	72.0	80.0	90.0	95.0	97.0
1,000,000 AND OVER	49.0	50.0	55.0	60.0	70.0	75.0	82.0	88.0	92.0
PHYSICIAN AGE									
LESS THAN 36 YEARS	37.0	40.0	45.0	45.0	57.0	54.0	62.0	65.0	68.0
36-45 YEARS	53.0	60.0	64.0	63.0	80.0	81.0	94.0	94.0	100.0
46-55 YEARS	54.0	59.0	62.0	70.0	80.0	95.0	100.0	112.5	112.0
56-65 YEARS	47.0	50.0	52.0	60.0	69.0	80.0	85.5	88.0	92.0
66 OR MORE YEARS	30.0	30.0	34.0	40.0	50.0	60.0	54.0	60.0	65.0

SOURCE: 1981-84, AMA SOCIOECONOMIC MONITORING SYSTEM CORE SURVEYS; 1974-79, AMA PERIODIC SURVEYS OF PHYSICIANS. THE POPULATION FROM WHICH SAMPLES ARE DRAWN INCLUDES ONLY ACTIVE NON-FEDERAL PATIENT CARE PHYSICIANS, EXCLUDING RESIDENTS.

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Appendix A

SMS QUESTIONNAIRE SUMMARY

This summary includes questions contained in the screener and main questionnaire portions of SMS surveys conducted in 1984. These questions were identical in each of the four surveys during the year. In the main questionnaire, only questions applicable to the physician's specialty and type of practice are asked of any individual physician. In addition, the summary includes selected questions from core survey expansion of the main questionnaire and selected special topics questions on which SMS Reports and other information in Socioeconomic Characteristics of Medical Practice 1985 have been based.

Following is a listing of subjects covered in the main questionnaire, the core survey main questionnaire expansion and special topics portions of SMS surveys included in the summary.

MAIN QUESTIONNAIRE

- Practice Characteristics
- Practice Activities: Hours and Services Per Week
- Selected Procedures: Number Delivered and Fees
- Hospital Utilization
- Quarterly Income and Expenses

CORE AND SPECIAL TOPICS QUESTIONS

- 1985 Core Survey Questions: 1984 Weeks of Practice, Expenses, Income, and Waiting Time
- Hospital-Physician Relations
- Professional Liability
- Third-Party Payments and Medicare Assignment

Since the entire questionnaire is quite lengthy, some questions are paraphrased in the summary. Parts of questions that are paraphrased are indicated with square brackets. Questions for which information has not been reported are omitted from the summary.

SCREENER

1. Our records indicate that [MASTERFILE SPECIALTY] is the specialty from which you derive most of your medical income?*

   [IF "YES", GO TO Q. 2]

   a. What is your primary medical specialty?

2. During a typical week, do you provide direct patient care for 20 hours a week or more? Direct patient care includes seeing patients, performing surgery, as well as related patient services performed by anesthesiologists, radiologists and pathologists.

3. Are you currently a full-time, salaried employee of a federal agency such as the U.S. Public Health Service, Veteran's Administration or a military service?

MAIN QUESTIONNAIRE

PRACTICE CHARACTERISTICS

4. Are you a full or part owner of your main practice?

   [IF "YES", GO TO Q.7]

5. In your main practice, are you employed by a hospital?

6. In your main practice, are you employed by the government?

7. Including yourself, how many physicians are in your main practice?

PRACTICE ACTIVITIES: HOURS AND SERVICES PER WEEK

The next few questions are about the number of hours you spent working at several medical and administrative activities during your most recent complete week of practice. Do not include hours spent on call if you were not actually working.

* MASTERFILE SPECIALTY is from information obtained from the AMA Physician Masterfile while selecting the sample.

All specialties except psychiatry, radiology, anesthesiology and pathology

8. During [your last complete week of practice], how many hours did you spend. . .
   a. In the office seeing patients? Please include time spent in all offices if practice includes multiple offices.
   b. In the operating, labor or delivery room? Please include waiting time before surgery.
   c. Making hospital rounds, including visits to newborn infants?
   d. In the hospital emergency room and in outpatient clinics?
   e. On house calls and with patients in nursing homes, convalescent homes or other extended care facilities?
   f. Having telephone conversations with patients or their families, consulting with other physicians and providing other services to patients such as interpreting lab tests and X-rays? Do not include time reported in other activities.
   g. In administrative activities connected with your practice and other medical facilities, as well as any other professional activities that did not involve patient care? These activities include medical staff functions, supervising residents and interns, teaching, lecturing, professional reading, writing and research.

9. Altogether, during that week, that amounts to [TOTAL HOURS] spent working at medical and administrative activities. Is that correct?*

10. During [your last complete week of practice], how many. . .
   a. Patients did you personally see in the office, including outpatient surgery performed in the office?
      1. How many of these patients were new patients?
   b. Operations, deliveries and assists did you perform in the hospital?
   c. In-patient visits did you make on hospital rounds? Please count as one visit every time you saw a patient.
   d. Patients did you see in the emergency room and in outpatient clinics?
   e. Patients did you see on house calls or in nursing homes, convalescent homes or extended care facilities?

Psychiatry

11. During [your last complete week of practice], how many hours did you spend. . .
   a. Seeing individuals patients in the office and in all other settings including housecalls?
   b. Seeing non-family groups in the office and in all other settings including housecalls?
   c. Seeing family groups in the office and in all other settings including housecalls?

* TOTAL HOURS is computed as the sum of responses to individual parts of Question 8. If the physician answers "no" to Question 9, then Question 8 is repeated.

d. Supervising psychiatric treatment teams, consulting with other physicians and providing other services to patients, such as interpreting lab tests and X-rays? Do not include time reported in other activities.
e. In administrative activities connected with your practice and other medical facilities, as well as any other professional activities that did not involve patient care? These activities include medical staff functions, supervising residents and interns, teaching, lecturing, professional reading, writing and research.

12. Altogether, during that week, that amounts to [TOTAL HOURS] spent working at medical and administrative activities. Is that correct?*

13. During [your last complete week of practice], how many . . .
a. Sessions did you have with individual patients in all settings?
b. Sessions did you have with non-family groups?
c. Sessions did you have with family groups?

Radiology

14. During [your last complete week of practice], how many hours did you spend. . .
a. Reading films, including time spent preparing reports on films read?
b. Personally performing radiodiagnostic procedures?
c. Personally providing radiotherapy to patients?
d. In consultation with other physicians?
e. Supervising technicians and other paraprofessionals?
f. In administrative activities connected with your practice and other medical facilities, as well as any other professional activities that did not involve patient care? These activities include medical staff functions, supervising residents and interns, teaching, lecturing, professional reading, writing and research.

15. Altogether, during that week, that amounts to [TOTAL HOURS] spent working at medical and administrative activities. Is that correct?**

16. During [your last complete week of practice], how many. . .
a. Films did you read in a typical full hour spent reading films?
b. Radiodiagnostic procedures did you personally perform?
c. Patients did you personally provide with radiotherapy?
d. Consultations did you have with other physicians?

---

* TOTAL HOURS is computed as the sum of responses to individual parts of Question 11. If the physician answers "no" to Question 12, then Question 11 is repeated.

** TOTAL HOURS is computed as the sum of responses to individual parts of Question 14. If the physician answers "no" to Question 15, then Question 14 is repeated.

Anesthesiology

17. During [your last complete week of practice], how many hours did you spend. . .
    a. Personally anesthetizing patients including waiting time before surgery?
    b. Supervising nurse anesthetists?
    c. Making pre-anesthesia visits and seeing patients on hospital rounds?
    d. Managing patients in intensive care units?
    e. Consulting with other physicians about their patients and providing any other services to patients, such as interpreting lab tests and X-rays?
    f. In administrative activities connected with your practice and other medical facilities, as well as any other professional activities that did not involve patient care? These activities include medical staff functions, supervising residents and interns, teaching, lecturing, professional reading, writing and research.

18. Altogether, during that week, that amounts to [TOTAL HOURS] spent working at medical and administrative activities. Is that correct?*

19. During your last complete week of practice, how many...
    a. Patients did you personally anesthetize?
    b. Patients were anesthetized by nurse anesthetists under your supervision?
    c. Pre-anesthesia and inpatient visits did you make?

Pathology

20. During [your last complete week of practice], how many hours did you spend. . .
    a. In consultations during surgery, including time spent interpreting frozen sections?
    b. Examining surgical specimens other than consultations during surgery?
    c. Doing autopsies, including time to complete the study and write the report?
    d. Personally performing non-surgical laboratory procedures, including time to write any reports?
    e. Supervising technicians and paraprofessionals?
    f. In administrative activities connected with your practice and other medical facilities, as well as any other professional activities that did not involve patient care? These activities include medical staff functions, supervising residents and interns, teaching, lecturing, professional reading, writing and research.

* TOTAL HOURS is computed as the sum of responses to individual parts of Question 17. If the physician answers "no" to Question 18, then Question 17 is repeated.

21. Altogether, during that week, that amounts to [TOTAL HOURS] spent working at medical and administrative activities. Is that correct?*

22. During [your last complete week of practice], how many. . .
    a. Consultations during surgery did you perform?

    b. Surgical specimens did you examine other than frozen sections examined during surgical consultations?
    c. Autopsies did you personally perform?
    d. Non-surgical laboratory procedures did you personally perform?

SELECTED PROCEDURES: NUMBER DELIVERED AND FEES

All specialties except psychiatry, radiology, anesthesiology and pathology

23. Does your practice provide at least some medical care on a fee-for-service basis? [IF "NO", GO TO Q.25]

24. What is your current usual fee for. . .
    a. An office visit with a new patient including an evaluation history, examination and/or treatment?
    b. An office visit with an established patient including an examination, evaluation and/or treatment for an established patient with the same or new illness.
    c. A follow-up medical visit in the hospital, when you charge a separate fee for hospital visits? This visit includes an examination, evaluation and/or treatment with a new or established patient, same illness.

HOSPITAL UTILIZATION

All specialties except radiology, anesthesiology and pathology

25. In your last complete week of practice, how many patients did you personally discharge from the hospital?

26. Among those patients that you discharged in that week, what was the average length of stay in days in the hospital?

QUARTERLY INCOME AND EXPENSES

All Physicians

27. In the [last calendar quarter] what were your total tax-deductible professional expenses from medical practice, or your share of the practice's total tax deductible expenses, to the nearest $1,000?

---

* TOTAL HOURS is computed as the sum of responses to individual parts of Question 20. If the physician answers "no" to Question 21, then Question 20 is repeated.

28. During the [last calendar quarter], what was your own income from medical practice to the nearest $1,000 after expenses but before taxes? Please include all income from fees, salaries, retainers, fringe benefits and other forms of compensation.

29. Were any contributions made into pension, profit sharing or other deferred compensation plans for you during the last calendar quarter]?*
    a. How much was contributed for you for the period to the nearest $1,000?
    b. Did you include (this amount/deferred compensation) in the income figure you gave?

30. During the [last calendar quarter], how many weeks of practice did you miss because of illness, vacation or for any other reason?

CORE AND SPECIAL TOPICS QUESTIONS

1985 CORE SURVEY QUESTIONS

Type of Practice

31. Which of the following legal forms of organization best describe your main medical practice?
    a. Sole proprietorship
    b. Partnership
    c. Professional corporation
    d. Investor-owned for-profit organization
    e. Other

32. In what year did you begin medical practice after completing your undergraduate and graduate medical training?

33. In what year did you start working at your current main medical practice?

34. How many examining rooms do you have at your immediate disposal?

Waiting Time

All specialties except radiology, anesthesiology and pathology

35. How many days does a new patient wishing to see you typically have to wait for an appointment?

36. On average, how many minutes does a patient typically have to wait to see you after arriving for a scheduled appointment?

* Parts a and b of the question are asked only if the response is "yes".

1984 Income, Expenses and Weeks Practiced

Self-employed physicians only

37. In 1984, what (were your/was your share of your practice's) total tax-deductible professional expenses for the following items to the nearest $1,000?*
    a. Total nonphysician payroll expenses including fringe benefits.
    b. Professional medical liability insurance premiums.
    c. Depreciation, leases and rent on medical equipment.
    d. Office expenses, including rent or mortgage for office space, utilities and telephone.
    e. Medical materials and supplies, such as drugs, x-ray films and expenses for outside lab work, drugs and other services.
    f. Any other professional expenses, including professional car upkeep and depreciation, professional association memberships, professional journals and continuing education.

38. Altogether then, your tax deductible expenses from medical practice in 1984 were [TOTAL EXPENSES]. Is that correct?**

All physicians

39. During 1984, what was your own net income from medical practice to the nearest $1,000 after expenses but before taxes? Please include all income from fees. salaries, retainers, fringe benefits and other forms of compensation.

40. Were any contributions made into pension, profit-sharing or deferred compensation plans for you during 1984?
    [IF "NO", GO TO Q.41]
    a. How much was contributed for you to the nearest $1,000?
    b. Did you include this amount in the income figure you gave me?

41. What percentage of your 1984 net income from medical practice was derived from providing medical services to hospital inpatients?

42. How many weeks did you practice in 1984? Please do not include vacations, illness, medical meetings, military service or other similar absences from practice.

SPECIAL TOPICS QUESTIONS

Hospital-Physician Relationships
(2nd Quarter 1984 Survey)

43. Do you have admitting privileges at any hospitals?
    [IF "YES", GO TO Q.45]

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* First wording in parentheses is used for physicians in solo practice; second wording is used for physicians in non-solo practice.

** TOTAL EXPENSES is computed as the sum of responses to individual parts of Question 37. If the physician answers "no" to Question 38 then Question 37 is repeated.

44. Do you have medical staff privileges at any hospitals?

45. Is this a for-profit hospital?

46. Is this hospital part of a multi-hospital system?

47. Has this hospital reduced the number of medical service to Medicare inpatients as a result of DRGs?

48. Was part of your 1983 income from medical practice paid directly by this hospital? [IF "NO", GO TO Q.50]

49. Was hospital compensation. . .
    a. from a salary?
    b. from a percentage of gross department billings?
    c. from a percentage of net department billings?
    d. on a fee-for-service basis?
    e. from a fixed percentage of each hospital charge?
    f. from other source of compensation?

50. Does this hospital discourage admissions of. . .
    a. patients without hospital insurance?
    b. Medicare patients?
    c. Medicaid patients?
    d. patients covered by Blue Cross or private hospital insurance?

51. Is this hospital better, worse, or about the same as other hospitals in relation to. . .
    a. the nursing support you receive?
    b. its technical resources or equipment?
    c. the responsiveness of the administration to your professional concerns?
    d. the level of patient satisfaction?

Professional Liability
(4th Quarter 1984 Survey)

52. In response to the growth in malpractice claims, during the last twelve months have you been maintaining more detailed records than you would otherwise?

53. In response to the growth in malpractice claims, during the last twelve months, have you increased . . .
    a. the number of diagnostic tests or treatment procedures that you prescribe?
    b. the number of follow-up visits with your patients?
    c. the amount of time you spend with your patients?

54. Have any malpractice claims been filed against you in your medical career? [IF "NO", GO TO Q.63]

55. How many malpractice claims have been filed against you in your medical career?

56. Were any of these claims in the last five years?
[IF "NO", GO TO Q.63]

57. How many of these claims were filed during the last five years?

58. Were any claims filed against you during the last twelve months?
[IF "NO", GO TO Q.60]

59. How many claims were filed against you during the last twelve months?

60. During the last five years, did any claims filed against you require you to hire legal counsel, in addition to that provided by your insurance company? [IF "NO", GO TO Q.63]

61. To the nearest $1,000, what was the total cost of legal counsel to you and your practice for all claims filed during the last five years?

62. During the last five years, how many days did you lose from your practice for depositions, court appearances, and meetings with attorneys associated with malpractice claims against you?

63. To the nearest $1,000, what are your professional medical liability or malpractice insurance premiums for 1984?

64. Does your medical liability insurance provide. . .
a. claims made coverage? or
b. occurrence coverage?

Third-Party Payments and Medicare Assignment
(4th Quarter 1984 Survey)

65. During the last twelve months, did you provide any services to patients whose principal source of payment is Blue Cross or Blue Shield? [IF "NO", GO TO Q.68]

66. Do you ever accept the amount paid by Blue Cross or Blue Shield as payment in full for your services? [IF "NO", GO TO Q.68]

67. What percent of your current usual fee is covered when you accept the amount paid by Blue Cross or Blue Shield as payment in full?

68. During the last twelve months, did you provide any services to patients whose principal source of payment is Medicaid or Medical?
[IF "NO", GO TO Q.70]

69. What percent of your current usual fee is covered when you accept the amount paid by Medicaid or Medical as payment in full?

70. During the last twelve months, did you provide any services to patients for whom commercial health plans are the principal source of payment? [IF "NO", GO TO Q.73]

71. Do you ever accept the amount paid by any commercial plans as payment in full for your services? [IF "NO", GO TO Q.73]

72. What percent of your current usual fee is covered when you accept the amount paid by commercial health plans as payment in full for your services?

73. During the last twelve months, did you provide any services to patients whose principal source of payment is Medicare? [IF "NO", GO TO Q.76]

74. Prior to October 1, 1984, for what percent of your services to Medicare patients did you accept assignment? [IF "NO", GO TO Q.76]

75. What percent of your current usual fee has been covered under Medicare assignment?

76. By October 1, 1984, all physicians had to decide whether or not to become participating physicians under the revised Medicare program. As a participating physician, all Medicare claims must be assigned. Are you aware of this change?

77. Are you now a participating physician in the Medicare program?

Appendix B

DEFINITIONS AND COMPUTATION PROCEDURES

This appendix describes definitions and computation procedures used in reporting information from the AMA Socioeconomic Monitoring System (SMS). Changes in methodology over time relating to specific types of information for which trends are reported in the detailed tabulations in Socioeconomic Characteristics of Medical Practice (the "Gray Book") are also discussed. Most of these changes in methodology relate to differences between SMS surveys and the AMA Periodic Surveys of Physicians (PSPs) on which data for years prior to 1981 is based. These changes should be carefully noted in making comparisons of data for years prior to and since 1981.

Questions from SMS surveys referenced in this appendix are found in Appendix A. Tables referred to are those contained in the Gray Book detailed tabulations.

Sample Population

The population from which samples are drawn for SMS surveys includes all active non-federal office-based and hospital-based physicians as defined by the AMA Physician Masterfile.* Residents are not included in the surveys. The population from which samples were drawn for the PSPs differed by the exclusion of hospital-based physicians. This difference should be recognized in any comparison between data in the PSPs and SMS surveys.

Specialty

Specialty classifications used in reporting SMS data are shown in Figure 1. Specialty is determined from responses to Question 1 in SMS surveys. The question used in PSPs from 1974 through 1980 to determine specialty was as follows: "Please give the specialty from which you derived 50% or more of your medical income in [the last year]."

Census Region and Division

States included in each Census region and division are shown in Figure 2. The state in which each physician was located is identified from the AMA Physician Masterfile.

*Classifications used in the AMA Physician Masterfile are defined in M. Eiler, Physician Characteristics and Distribution, 1983 Edition (American Medical Association, 1984).

FIGURE 1

SMS Survey Specialty Classifications

SMS SPECIALTY CLASSIFICATION	AMA PHYSICIAN MASTERFILE SPECIALTIES
General/Family Practice	
General/Family Practice	General Practice, Family Practice
Medical Specialties	
Internal Medicine	Allergy, Cardiovascular Diseases, Gastroenterology, Internal Medicine, Pulmonary Diseases
Pediatrics:	Pediatrics, Pediatric Allergy, Pediatric Cardiology
Surgical Specialties	
Surgery:	General Surgery, Neurosurgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Colon and Rectal Surgery, Thoracic Surgery, Urology
Obstetrics/Gynecology:	Obstetrics and Gynecology
Other Specialties	
Radiology:	Radiology, Diagnostic Radiology, Therapeutic Radiology
Psychiatry:	Psychiatry, Child Psychiatry
Anesthesiology:	Anesthesiology
Pathology:	Forensic Pathology, Pathology
Other:	Aerospace Medicine, Neurology, Occupational Medicine, Physical Medicine and Rehabilitation, General Preventive Medicine, Public Health, Dermatology, Emergency Medicine, Other Specialty, Unspecified.

FIGURE 2

Census Region and Division Definitions

CENSUS REGION AND DIVISION	STATES
Northeast	
New England:	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Middle Atlantic:	New Jersey, New York, Pennsylvania
North Central	
East North Central:	Illinois, Indiana, Michigan, Ohio, Wisconsin
West North Central:	Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
South	
South Atlantic:	Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
East South Central:	Alabama, Kentucky, Mississippi, Tennessee
West South Central:	Arkansas, Louisiana, Oklahoma, Texas
West	
Mountain:	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
Pacific:	Alaska, California, Hawaii, Oregon, Washington

Type of Practice

Physicians in solo and non-solo practices are distinguished in SMS surveys on the basis of responses to Question 7. Questions similar to Question 7 in the SMS surveys were included in each of the PSPs. In the few cases where the number of physicians is not known, the practices are characterized as non-solo.

Location

The location classification groups physicians into nonmetropolitan areas, metropolitan areas with a population less than one million persons and metropolitan areas with a population of one million or more persons. This classification was made on the basis of the demographic county classification contained on the AMA Physician Masterfile. Metropolitan areas include counties within Standard Metropolitan Statistical Areas (SMSAs), as defined by the U.S. Office of Management and Budget, and counties outside SMSAs with populations over 50,000.

Employment Status

Employment status is determined from responses to Question 4. Physicians who respond that they are whole or part owners of their main medical practice are deemed to be self-employed while the remainder are identified as employee physicians. In the 1st through 3rd quarter 1982 SMS surveys, the following question was used in place of Question 4: "In your main medical practice, are you: a) self-employed; b) employed by a private practice; c) employed by a hospital; or d) other?" The few physicians for whom employment status was not available were classified as employees.

Age

The age of each physician in PSP and SMS surveys was determined from birthdate information on the AMA Physician Masterfile.

Weeks Practiced per Year (Tables 1 and 2)

Data on weeks practiced in 1984 is based on responses to Question 42 in the 1985 SMS core survey. Similar questions in the SMS core surveys from 1982 to 1984 provided information on weeks practiced in 1981 to 1983, respectively. Similar questions in the PSPs provided information on weeks practiced for years prior to 1981.

Hours in Professional Activities per Week (Table 3)

Professional activities includes all patient care activities, administrative activities connected with medical practice and other professional activities that do not involve patient care such as medical staff functions, teaching and research. Hours per week in professional activities in 1984 is based on "TOTAL HOURS" as calculated for purposes of Questions 8, 11, 14, 17, or 20 (depending on physician specialty) in the SMS surveys.

Hours in Patient Care Activities per Week (Tables 4 and 5)

Patient care activities include direct patient care and activities related to patient care, such as interpreting lab tests and x-rays and consulting with other physicians. Hours per week in patient care activities from 1982 to 1984 is based on the sum of the responses to parts a-f of Question 8, parts a-d of Question 11, parts a-e of Questions 14, 17, or 22 (depending on physician specialty) in the SMS surveys. Hours per week in patient care activities for 1974 through 1980 was determined from responses to the second of the following questions included in the PSPs:

1. How many total hours did you practice during your most recent complete week of practice (exclude "on call" hours not actually worked)?

2. How many of these hours were spent in providing DIRECT patient care or patient related services (include patients' lab tests, interpreting x-rays, etc; exclude administrative tasks, meetings, etc.)?

Hours in patient care activities for 1974 through 1980, as defined here, was previously termed hours in direct patient care in the Profile of Medical Practice series published by the AMA.

Hours in Direct Patient Care Activities per Week (Table 6)

Direct patient care activities include seeing patients in the office, on hospital rounds, in surgery and in other settings. Hours per week in direct patient care activities in 1984 was determined for all specialties except psychiatry, radiology, anesthesiology and pathology from SMS surveys from the sum of responses to parts a-e of Question 8. Since a different classification of patient care activities was asked about in SMS surveys among physicians in psychiatry, radiology, anesthesiology, and pathology (as reflected by Questions 11 to 22), physicians in these specialties are not reflected in computations of direct patient care hours in Table 6.

Office Hours and Hours on Hospital Rounds per Week (Tables 7-10)

Office hours and hours on hospital rounds per week from 1982 to 1984 are based on responses to Questions 8a and 8c respectively in the SMS surveys. Physicians in psychiatry, radiology, anesthesiology and pathology were not asked Questions 8a and 8c and are, therefore, not reflected in the data on office hours and hours in hospital rounds for 1982-1984 reported in Tables 7-10. Data on office hours and hours on hospital rounds for years prior to 1982 included in Tables 8 and 10 are based on PSP surveys. The questions used to collect this information in the PSPs were similar to those in the SMS surveys. Although questions on office hours and hours on hospital rounds were asked of physicians in

all specialties in the PSPs, responses from physicians in psychiatry, radiology, anesthesiology, and pathology were excluded in computations made for Tables 8 and 10 to make data for years prior to 1982 comparable to the data for 1982 and after from the SMS surveys. The specialty exclusions account for differences in data for years prior to 1982 in Tables 8 and 10, other than for individual specialties, from data previously reported in the Profile of Medical Practice series.

Hours in Surgery per Week (Table 11)

Hours in surgery per week in 1984 is based on responses to Question 8b in the SMS surveys. Physicians in psychiatry, radiology, anesthesiology and pathology were not asked Question 8b and are, therefore, not reflected in the data on hours in surgery per week reported in Table 11.

Total Patient Visits per Week (Tables 12 and 13)

Total patient visits includes visits in the office, on hospital rounds, in hospital emergency rooms and outpatient clinics and in all other settings. Total patient visits per week from 1982 to 1984 is based on the sum of responses to parts a, c, d, and e of Question 10 in the SMS surveys. Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked Question 10 and are, therefore, not reflected in the data for 1982 to 1984 in Tables 12 and 13. Questions from the PSPs on which data on total patient visits per week for years 1975 through 1980 are as follows:

1975

Please indicate the number of patient visits in the following categories for your most recent complete week of practice:

a. Office
b. Hospital (inpatient only)
c. Nursing home
d. Emergency room
e. Other

1976, 1978, 1979

How many patient visits did you have during your most recent complete week of practice. . .

a. at the office?
b. at the hospital?
c. at all other services (or facilities)?

1980

How many total patient visits did you have during your most complete week of practice (include all patient contacts other than telephone).

The number of the 1980 patient visits are significantly lower than those of the years before and after 1980 as a result of this change in the form

of questions asked. In order to avoid the misleading interpretation that might be inferred, the 1980 patient visits numbers published in previous editions of the Gray Book have not been included in this year's edition. Although questions on visits were asked of physicians in all specialties in the PSPs, responses from physicians in psychiatry, radiology, anesthesiology and pathology were excluded in computations made for Table 13 to make data for 1975 through 1979 comparable to the data for 1982 and after from the SMS surveys. The specialty exclusions account for differences in data for years prior to 1982 in Table 13, other than for individual specialties, from data previously reported in the Profile of Medical Practice series.

Office Visits and Visits on Hospital Rounds per Week (Tables 14-17)

Office visits and visits on hospital rounds per week in 1982 and following years are based on responses to Questions 10a and 10c respectively in the SMS surveys. Physicians in psychiatry, radiology, anesthesiology and pathology were not asked Questions 10a and 10c and are, therefore, not reflected in the data in Tables 14-17. Data on office visits and visits on hospital rounds for years prior to 1982 included in Tables 15 and 17 are based on PSP surveys. The questions used to collect this information in the PSPs were similar to those in the SMS surveys. Although questions on office visits and visits on hospital rounds were asked of physicians in all specialties in the PSPs, responses from physicians in psychiatry, radiology, anesthesiology and pathology were excluded in computing Tables 15 and 17 to make data for years prior to 1982 comparable to the data for 1982 and after from the SMS surveys. The specialty exclusions account for differences in data for years prior to 1982 in Tables 15 and 17 from data previously reported in the Profile of Medical Practice series.

Surgical Procedures per Week (Table 18)

Surgical procedures per week in 1984 is based on responses to Question 12b in the SMS surveys. Physicians in psychiatry, radiology, anesthesiology and pathology were not asked Question 12b and are, therefore, not reflected in the data on surgical procedures per week reported in Table 18.

Patient Care Activities: Psychiatry (Table 19)

Hours and the number of sessions with individual patients per week in 1984 are respectively based on the responses to Question 11a and Question 13a in the SMS surveys. Hours and the number of sessions with non-family and family groups per week in 1984 are respectively based on the sume of the responses to Question 11b and 11c and the sum of responses to Questions 13b and 13c in the SMS surveys.

Patient Care Activities: Radiology (Table 20)

Data on patient care activities of radiologists in 1984 in the columns from left to right in Table 20 are respectively based on responses to Questions 14a, 14b, 16b, 14c, 16c, 14d and 16d in the SMS surveys.

Patient Care Activities: Anesthesiology (Table 21)

Hours spent personally anesthetizing patients and the number of patients personally anesthetized per week in 1984 are respectively based on responses to Questions 17a and 19a in the SMS surveys. Hours spent supervising nurse anesthetists per week is based on responses to Question 17b in the SMS surveys. The number of patients anesthetized by nurse anesthetists supervised by each anesthesiologist supervision is based on responses to Question 19b. Hours and the number of pre-anesthesia and other inpatient visits per week are respectively based on the responses to Question 17c and to Question 19c.

Patient Care Activities: Pathology (Table 22)

Data on patient care activities of pathologists in 1984 in the columns from left to right in Table 22 are respectively based on responses to Questions 20a, 22a, 20b, 22b, 20d, 22d, 20c and 22c in the SMS surveys.

Waiting Time (Tables 23 and 24)

Data on waiting time to be scheduled for an appointment and waiting time in the physician's office after arriving for a scheduled appointment in 1984 are based on responses to Questions 35 and 36 respectively in the 1985 SMS core survey. Physicians in radiology, anesthesiology and pathology were not asked Questions 35 and 36 and are, therefore, not reflected in the data on waiting time in tables 23 and 24.

Hospital Utilization (Tables 25 and 26)

Data on patients discharged from the hospital per week and the length of stay of patients discharged in 1984 are based on responses to Questions 25 and 26 in the SMS surveys. Physicians in radiology, anesthesiology and pathology were not asked Questions 25 and 26 and are, therefore, not reflected in the data on hospital utilization in Tables 25 and 26.

Fees (Tables 27-32)

Fees for office visits with new patients, office visits with established patients and follow-up hospital visits between 1982 and 1984 were obtained in SMS surveys from responses to Questions 24a, 24b, and 24c

respectively. Physicians in psychiatry, radiology, anesthesiology and pathology were not asked questions on fees for the types of visits reflected in Tables 27-32 in the SMS surveys and are, therefore, not reflected in the data in those tables. In the 1983 and 1984 Gray Books, the fee reported by each physician was weighted by the frequency with which the physician had each type of visit in computing average fees. This weighted average method is no longer used in the 1985 Gray Book, so the mean physician fee is computed as simple average of responses. The mean fees reported in Tables 28, 30, and 32 for 1982 and 1983 have been adjusted to reflect this change of computation method. Although interpretation of the simple and weighted averages are different, the adoption of the simple average methodology provides consistency between the information reported for years prior to and following 1982.

Data on fees for years prior to 1982 in Tables 28, 30 and 32 is based on the following questions from the PSPs:

> For each of the following procedures, indicate the number of times you perform the procedure during a typical complete week of practice and the current usual fee you charge for the procedure.
>
> a. Office visit, new patient, brief evaluation, history, examination and/or treatment.
>
> b. Office visit, established patient, brief examination, evaluation and/or treatment, same or new illness.
>
> c. Hospital visit, new or established patient, brief examination, evaluation and/or treatment, same illness.

Although these questions were asked of physicians in all specialties in the PSPs, responses from physicians in psychiatry, radiology, anesthesiology and pathology were excluded from the computations made for Tables 28, 30 and 32 to make data for years prior to 1982 comparable to data for 1982 and after from the SMS surveys. The specialty exclusions account for differences in data for years prior to 1982 in Tables 28, 30 and 32 from data previously reported in the Profiles of Medical Practice series.

Professional Expenses (Table 33-37)

Professional expense information reported in Tables 33-37 refers to tax-deductible professional expenses from medical practice. Data on total professional expenses for 1984 is based on "TOTAL EXPENSES" as calculated for purposes of Question 38 in the 1985 SMS core survey. Individual expense components for 1984 reported in Table 37 are based on responses to parts a-e of Question 37 from the 1985 SMS core survey. Data on professional expenses for 1981 to 1983 in Tables 34 and 36 are based on responses to similar questions from the 1982 to 1984 SMS core surveys. Data on professional expenses for years prior to 1981 reported in Tables 34 and 36 are based on responses to the following questions from the PSPs:

1974-75, 1977

What were your total professional expenses in [YEAR] to the nearest $1,000? (Include only those expenses that are allowable business deductions for Federal income tax purposes. If in practice with other physicians, give only your share of the practice's expenses.)

1978-1979

What were your total tax-deductible professional expenses in [YEAR]? (If you shared expenses with other physicians, indicate your share only.)

While data relating to professional expenses for 1981 and after from the SMS surveys are based on only self-employed physicians, professional expense information for years prior to 1981 was obtained from all physicians responding to the PSPs. Note, however, that hospital-based physicians were not included in PSP samples.

Net Income After Expenses Before Taxes (Tables 38-41)

Physician net income is defined to include all earnings from medical practice after expenses but before taxes, including fringe benefits and contributions made into deferred compensation plans. Net income in 1984 was determined in the 1985 SMS core survey from responses to Question 39. In addition, Question 40 was included as a probe to ensure that deferred compensation plan contributions were fully represented in net income. If the physician responded "no" to Question 40b, the response given to Question 40a was added to the response to Question 39 to obtain net income. Similar questions in the 1982 to 1984 SMS core surveys were used to obtain information on net income for 1981 to 1983, respectively. The questions used in PSPs used to obtain net income information for years prior to 1981 included in Tables 39 and 41 were as follows:

1974-75, 1977-1978

What was your [YEAR] individual before tax net income from medical practice to the nearest $1,000?

1979

What was your 1979 individual net income before taxes from medical practice? (Include all income from fees, salaries, retainers, etc., as well as the value of all fringe benefits paid on your behalf, e.g., Keogh Plan.)

Computation Procedures

Means (or averages) for all characteristics reported in the Gray Book are estimated by simple averages of responses to the relevant questions in the PSPs and SMS surveys. Thus, if x_i represents the response from physician i concerning a particular characteristic and n physicians

responded to the relevant survey question, the estimated mean of the characteristic and its standard error are given as follows:

(1) Mean: $$\bar{x} = \frac{1}{n} \sum x_i$$

(2) Standard error: $$\hat{\delta}_{\bar{x}} = \frac{\sum (x_i - \bar{x})^2}{n(n-1)}^{1/2}$$

where $\sum x_i$ indicates the summation over all n physicians.

In previous editions of the Gray Book, there are some instances where data from two consecutive quarterly SMS surveys for the same physician were combined in estimating the mean of a physician characteristic. In these cases, means were estimated with the same formulas as given above using the combined responses from the different surveys. However, the calculation of the standard errors was adjusted to reflect the correlation of responses from physicians who had two responses included among the surveys that were combined in computing the means.

In 1984 there were no reinterviews of physicians in consecutive SMS surveys, so the adjustment to the standard errors for the correlation factor was unnecessary. Since the adjustment to the standard errors for the correlation factor tended to be relatively small in previous years, this adjustment has not been made in calculating standard errors for 1982 and 1983 data included in this year's edition of the Gray Book. The exact standard errors reflecting the adjustment may be found in the 1983 and 1984 editions of the Gray Book.